THE MEDICAL JOURNAL OF AUSTRALIA.

Vol. I.—2ND YEAR. SYDNEY, APRIL 3, 1915. No. 14.

An Address*

Delivered by

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Retiring President of the New South Wales Branch of the British Medical Profession.

I am deeply sensible of the honour you did me in electing me your President, for which I beg you will permit me to express to you my sincere thanks. I am equally sensible of my professional unworthiness to hold such a position, after the many illustrious names I could enumerate as my predecessors.

I am painfully conscious that there are many others who could have occupied your chair with more appropriateness, especially on an occasion like this, when I am expected to address the members of the Branch on some medical or allied subject. As a matter of fact, this evening has been a nightmare for me for the last few months, as I think it would be to anyone who has had as little practice, and has perhaps as little ability to prepare an address to his fellows, as I have; for however indulgent you may be, you can hardly be expected not to be critical. This is the first occasion of my life that I feel I am in the public pillory, and if next week you metaphorically shy missiles at my head in the Journal, it is probably what I deserve.

It is with extreme regret that I have to record the death of twelve members of the Branch during my term of office. The first in age and distinction was the "Grand Old Man" of the profession in N.S.W., if not in Australia, viz., Sir Normand MacLaurin. He has been taken away after a very illustrious career—a doctor, a statesman, and an administrator. In politics always fair and fearless, in private life simple, loving and childlike, he was one who made a lasting mark on our University, as well as on our profession.

After him comes one who was an intimate friend of many of us, Dr. Russell Nolan; always honest and straightforward, he had attained our confidence by sincerity and good work, and to be deprived of his services in the full bloom of his manhood was a shock as well as a loss to both the profession and the public.

Though not a member of the Branch, on account of his very recent graduation, the profession lost another of its members in the services of his country. I am referring to Dr. Brian Poekley, whose loss we cannot calculate. Able, honourable, and sportmanlike, he was immensely popular in his year. In fact, one of his fellows said of him long before his sad, but glorious end, that he was the best character of his year.

We, as members, sincerely feel the loss of our fellows, and we condole with those who were near and dear to them.

Lodge Practice.

This time last year we were in the thick of our dispute with the N.S.W. Friendly Societies' Association, for I could not call it a dispute with the Friendly Societies, because considerably more than 60% of the Lodges had adopted the Common Form of Agreement. Now I can announce to you that more than 85% of the Medical Officers, who gave notice to their Lodges, have been re-appointed under the Common Form of Agreement, and that the agreement, in so far as we as Council are aware, is working most satisfactorily.

It is greatly to be regretted that some members have suffered, a few very severely, from the dispute, and I am sorry to have to confess that many of those who have benefitted both in conditions and monetarily from the adoption of the Common Form of Agreement, have been very slow to contribute to the Emergency Fund to help their less fortunate colleagues. It is true that a few (two or three) have paid a large sum, but the many have shown, shall I say, a slackness, or carelessness unworthy of an honourable profession. I would appeal very strongly to these members to contribute, according to the resolution passed at the last meeting of delegates in 1914.

Health Legislation.

Since the last annual meeting the New South Wales Government has instituted a portfolio of Public Health, the Hon. F. Flowers, M.L.C., being appointed the first Minister. The profession welcomes this step as additional evidence of the recognition of the importance of the health of the community to the State. I feel confident that the profession will give the present Minister of Public Health, as well as his successors, all the legitimate support in its power, bearing in mind that at all times the true interests of the public and of the profession are identical. Our function as a profession is not merely to cure the individual, but to be diligent in the prevention of disease, so that by increasing the efficiency of the individual we collectively increase the efficiency of the State.

The only legislative enactments affecting the profession passed within the last 12 months were the Act amending the Public Health Act of 1902, and the Notification of Births Act, 1915. The main amendments of the firstnamed are:—

1. Increased power to the Board of Health to enforce the provisions of the original Act, at the expense of any municipality or shire.
2. Increased powers over factories and workshops.
3. Power of inspection of licensed premises.
4. Power to the Board of Health by proclamation to render compulsory notification of premises inhabited by or used by persons suffering from tuberculosis or other infectious diseases, where the preparation and packing of food for sale is carried on.

* Read before the Annual Meeting of the New South Wales Branch of the British Medical Association, on March 26, 1915 (see page 317).

From my own personal experience I think these increased powers were not only expedient, but necessary.

"The Notification of Births Act, 1915," imposes upon the medical man in attendance on the mother at the time of, or within six hours after, the birth, the duty of giving notice in writing to the Under Secretary of the Department of Public Health. The notification is required whether the child is born alive or not, provided the period of gestation is longer than 28 weeks.

The Minister has in addition instituted in crowded areas what are known as Baby Clinics. These clinics have in other countries proved of increasing help and benefit in educating ignorant mothers in the feeding and care of infants, and we as a profession should be prepared in encouraging their education to the best of our ability. But the education of the public should not be limited to mothers, and however beneficial that may be to the community, and it cannot but be beneficial, there are other questions of public health of equal importance that are neglected.

Dust and Dirt.

There is for example the dust problem. Any of you who travel on our public roads cannot but be disgusted with the way they are kept, and so-called repaired. Take, for instance, the tramway routes. The upkeeping of the public roads traversed by the trams consists in laying on the road contiguous to the tram rail, blue metal of 2½ or 3 inch gauge. The interstices are "blinded" with clay, which is watered perhaps twice daily, perhaps not. The public is thus alternatively "blinded" and choked by dust in dry weather, or in wet weather obliged to travel through slush. The municipal councils are equally guilty in the way our thoroughfares are kept, and I hope the Health Department will not consider it amiss to request the tramway authorities and municipal engineers to go to school and be instructed in the process of roadmaking. An incalculable amount of ill ness, if not loss of life, can be attributed to diseases contracted by dust.

Again, the disposal of city and municipal garbage is a bye-word and a disgrace. Our beautiful, clean sandy beaches are disfigured and made unfit for recreation and enjoyment by the punting of garbage out to sea, part of which is washed ashore. I am credibly informed also that the sandy bottoms out at sea are permanently despoiled of edible fish by the deposition of garbage on them. I am told that trawling for deep sea fish anywhere in the vicinity of Sydney will for this reason alone be an impossibility. Is it too much to ask the Health Department to remove this ineptitude, which causes such a shocking disgrace to our city and suburbs? In asking for the power to do so it will have the overwhelming support of both the public and the medical profession.

Again, the Building Ordinances under the local Government Act are such that any man in the suburbs of Sydney can build a house or a terrace of houses on a frontage of 10 feet each. Surely the Board of Health and the local authority should have some power to prevent such cubicles being erected in our city. But they have not. So long as the living area contains so many cubic feet, and that shafts for borrowed light and stagnant air, which go by the name of ventilation, are provided, both the Board and the Municipal Councils are powerless. Can anyone say that such an ordinance is anything but a delusion and a snare? I very much regret that, in addition to the powerlessness of the Board there is carelessness on the part of the local authorities in not enforcing the powers they possess, or can obtain. This carelessness connives at jerry building, for which in years to come the public will have to pay.

Clinics and Hospitals.

In addition to Baby Clinics, the Minister has established Night Venereal Clinics, which have had the approval of the Council, and the support of the staff of at least one of the metropolitan hospitals. And it was in connexion with this very matter that the Minister and the profession, metaphorically speaking, came to blows.

As many of you are aware, the Minister requested one of the metropolitan hospitals to arrange that in regulating the night venereal clinics no names, no questions as to means, etc., should be asked. Our contention was, first, that it had always been conceded to us as a profession that the public hospitals should only be availed of by those whose circumstances precluded them from obtaining the best advice and treatment, either at home or at a private hospital. And secondly, that if the treatment was to be effective it should continue till all the risk of contagion was over. For if treated without any questions of circumstances or family history, and without urging the necessity and importance of continuous and perhaps prolonged treatment, especially in this class of disease, the clinics would be likely to prove delusive, by giving a false sense of security of a cure when it was not really so. Some members of the Council thought that there should be for "refractory patients" some compulsory notification to the President of the Board of Health, or to an authority appointed by him, with the view of urging the importance of continuous treatment, and in the case of continued refractoriness, of detention.

Much has been made of the point that the hospitals, being public hospitals, had no right to exclude anyone. Out of the mist of controversy the outstanding fact remains, that all our hospitals in the States, excepting those at Little Bay, have been built for the express purpose of accommodating people of the "hospital class." Donations, subscriptions, and subsidies by the Government for their erection, extension and maintenance have been made for the same purpose. The subscribers and taxpayers recognize this, when not dominated by personal meanness. Friendly Societies, railway and tramway employees, colliery employees, etc., donate annually to these hospitals for the same purpose. At least I have not met anyone yet who believes that they send their donations to help those who can afford to be treated elsewhere, to the exclusion of those who cannot. And yet in the face of this a demand is made that the profession should not insist upon this principle, which, if carried out consistently, would deprive us of our bread and butter.

Now, apart from being taxpayers, we as a profession have a right to live, unless the State considers private practice piratical, and private practitioners parasites, in which case it should make private practice illegal. No Government or party have the right of taking our living from us, however tempting it may be to be philanthropic at the State's expense.

But, by establishing this free and easy principle of opening the hospitals to all classes, the Government not only diverts the primary object, the *raison d'être* of the public hospitals; it allows them to be filled by all and sundry, to the detriment and the deprivation of the most deserving, viz., the most necessitous.

Nationalization of Hospitals.

What will the Friendly Societies, what will the railways and tramways employees have to say to people of means occupying beds in the public hospitals which should be theirs?

It has been stated that the hospitals will have to be nationalized because charitable donations are getting less and less. It is true, donations and subscriptions are getting smaller. What else can we expect when nationalization of hospitals has been a political cry for some years. But the very vagueness of the term is misleading. Does it mean that our public hospitals are to be staffed by permanently paid medical officers, to the exclusion of those ready and willing to give their services in an honorary capacity, or does it only mean that the hospitals are to be financed out of Consolidated Revenue, admitting the services of the honorary medical staff as at present, and admitting the principle of accommodating in these hospitals only those who cannot privately afford the best advice and treatment. The first alternative will deprive a large and deserving public of the best medical and surgical advice and treatment, and will both immediately and remotely prove a great loss to the State. For no man of energy and ability will remain in the public medical service after he feels that has made himself efficient, and after he knows that he can better himself in private practice, if not in this State, in some other State or country.

To the second alternative, in my opinion, the profession should not show objection. As a profession we should be not greatly concerned as to how the hospitals are financed, so long as the management is efficient, having due regard to economy. That he who pays the piper should be in a position to call the tune, is just in this case, as it should be in all cases, and if the hospitals are to be financed out of the Consolidated Revenue, the Director-General of Hospitals should have a large voice in the management, and being a medical expert, the profession might confidently look to him for efficiency of management from a medical point of view. I hope, however, that there will be no political influence in the management. I do not think that hospital management would be enhanced if the wards be made a happy hunting ground for would-be political aspirants.

There is some evidence that the present management by a committee of subscribers is not viewed favourably by the powers that be. But it is surely a grave wrong to the existing management to decry their work and extol the nationalization of the hospitals before a scheme to carry out the work efficiently is evolved. No party should endeavour to destroy the charitable and philanthropic work of the present management before it has provided, or has the means of providing, a reasonable substitute.

Nationalization of the Medical Profession.

It might be argued, indeed it has been argued, that a State Medical Service would more efficiently fulfil the public requirements than the present state of the private practitioner. In the first place, does anyone here consider that those in the Public Medical Service are well paid? Is a man of initiative, energy and ability likely to spend from 7 to 10 years in the University and hospitals without any recompense to be a Government servant at a salary of from £500 to £1000? Is it likely that any of you would educate and advise your sons to such a career? It would be much more economic and practical for him to enter the Civil Service at the age of 16, and grow up in it, than to sweat himself at examinations in order to enter a profession in which he would derive no compensating recompense, and over whose good name or destiny he would have no individual voice or control. And that is not all, he would lose his independence, liberty of action, and what is far more dear to most of us, the feeling of confidence and trust existent between doctor and patient. The individuality of the man would cease.

Secondly, the public would suffer, for they would not have a free choice of doctor. It would derogate the right of individuals to contract with one another, and thus interfere with the liberty of the subject.

In all other occupations and professions it is allowed that the personal magnetism of one person over another is a great factor in life. The personal magnetism of the advocate over a jury is well known. There is the magnetism of the general over an army, the magnetism of the orator over a crowd, and yet those who advocate the nationalization of the medical profession seem quite indifferent to the personal magnetism of the doctor in the treatment of his patient.

In a State Medical Service the patient is allocated, is not allowed to have a voice in the matter. The man in health is allowed freedom of action, but as soon as he is struck down with disease, where sympathy, hope, sincerity and attention are most required, he is to be treated as if he had no feeling, predilection or preference.

I cannot close this address better than by quoting the Hon. James McGowen's opinion of the profession, as given at the Australasian Medical Congress, in Sydney, a little over three years ago:—

"I am one of those who agree with His Excellency the Governor-General, that the medical profession is the noblest profession that we have in our civilization; it has given us more princes among men than any other profession; it possesses in its ranks, in every civilized country, men who unselfishly give their learning and their research willingly and freely for the benefit of suffering humanity. . . . And I, who, as you know, come from the working classes of this community, know that if there is a profession that is considered noble, if there is a profession for

which working men have a veneration, it is the medical profession. They honour the men who render them such great service. Other professions, when they make a discovery, look after the "patent rights," but the medical man has no thought but for the benefit of suffering humanity."

Whether this eulogium be true or not, it is not for me to say; but it is our duty, and should be our endeavour to deserve it.

A NOTE ON THE BACTERIOLOGY OF HODGKIN'S DISEASE.

By **Lionel B. Bull, B.V.Sc.**

(From the South Australian Government Laboratory of Pathology and Bacteriology.)

For some considerable time attempts have been made to demonstrate the infectious nature of Hodgkin's disease. Until recent times, these attempts have been unsuccessful. During 1913, several workers succeeded in isolating an organism from the lymph glands taken from patients suffering from Hodgkin's disease. The first to cultivate the organism were Negri and Mieremet. Bunting and Yates, and then Billings and Rosenow, following on the work of Negri and Mieremet, also succeeded in isolating an organism apparently identical in each respective instance. The micro-organism in question is a Coryne bacterium, which grows luxuriantly at body temperature, and is a facultative anærobe. Its most striking feature is said to be its pleomorphism. The organism is recovered sometimes in pure culture and at other times mixed with a staphylococcus. Vaccines have been prepared and used with some success. This work is briefly summarized with references to the original articles in the Practical Medicine Series, Vol. I., General Medicine, 1914.

During the early part of 1914 I had an opportunity of examining material from a case of Hodgkin's disease. The patient, a youth of 19, was admitted to the Adelaide Hospital under the care of Dr. de Crespigny. Lymph glands removed for examination showed the typical histological picture of Hodgkin's disease.

For the purpose of bacteriological examination a lymph gland from the groin was excised with all aseptic precautions. It was immediately placed in in a sterile Petrie dish and forwarded to the Laboratory. The gland, handled under the strictest aseptic conditions, was cut into small pieces, which were then lightly pulped and used for inoculating tubes of culture media. Inspissated blood serum (human and equine) and agar slants were used. A piece of minced gland was rubbed over the surface of the medium and then allowed to remain on the lower third of the slant. The tubes were incubated at 37° C. under both ærobic and anærobic conditions. After incubating for four days the tubes were examined. A luxuriant growth had occurred on all the tubes, the growth consisting chiefly of a moist growing Gram positive *Staphylococcus albus*. There were some Gram positive diphtheroid organisms present on the serum tubes incubated anærobically. An attempt was made to isolate the diphtheroid bacillus, which proved unsuccessful, on account of the great predominance of the staphylococcus and the relatively slow growth of the diphtheroid. A few days later another lymph gland was excised, this time from the axilla, a gland of more recent involvement. The procedure was the same in this case. The organisms growing on the culture media were a moist growing *Staphylococcus albus*, on one tube a *Staphylococcus aureus*, and on the majority of the tubes a diphtheroid bacillus. The growth of the diphtheroid bacillus was less luxuriant on tubes incubated ærobically, and much less luxuriant on agar tubes than on the serum tubes. The diphtheroid bacillus was Gram positive, showed irregular staining, and was roughly from 2 to 6 μ in length. Pleomorphism was not a very marked characteristic of the organism. The organism grows out of the piece of tissue extending radially on the surface of the culture medium.

Bacterial vaccines were prepared from the *Staphylococcus albus*, and then from the diphtheroid bacillus. After the first injections of the vaccine, the patient's temperature remained nearer normal, but there was no marked improvement, death occurring about five weeks after the treatment was commenced.

Later reports from America show that little or no success has followed the vaccine treatment.

Radical operation has proved successful in the early stages before more than one set of lymph glands has become involved, but later on in the course of the disease, no treatment has proved of any avail, except arsenic in rare instances.

By inoculation with this organism, Bunting and Yates have produced in laboratory animals a chronic lymphadenitis, with a typical proliferation of the endothelial cells, a beginning proliferation of the stroma tissue, and a well marked eosinophilic infiltration; also a periglandular sclerosis.

Further work must be done before one can ascribe to this diphtheroid bacillus a true etiological significance, but it is possible that the work done so far has, to some extent, demonstrated the parasitic nature of Hodgkin's disease.

CASES OF INFLUENZAL AND PNEUMOCOCCAL MENINGITIS.

By **J. Burton Cleland, M.D., Ch. M.;** and **E. W. Ferguson, M.B., Ch.M.**

From the Microbiological Laboratory, Department of Public Health, Sydney, New South Wales.

At a meeting of the New South Wales Branch of the British Medical Association on July 10, 1914, Dr Tebbutt read notes on a case of meningitis, in which an organism of the influenzal group was obtained. In the *Medical Journal of Australia* for October 31 of the same year, Dr. Tebbutt described in full the bacteriology of this case, whilst Dr. Everitt Atkinson detailed another case from Perth, W.A., apparently due to the same organism. Dr. Atkinson's case occurred at the end of May, and Dr. Tebbutt's patient probably became ill about this time.

In June of the same year two cases of meningitis came under our notice, one from Sydney and one

from Singleton, in which an organism very similar to, if not identical with, Dr. Tebbutt's was obtained. We have heard of several other instances about the same period in which cultures from cases of meningitis had yielded no growth on ordinary media. It is therefore possible that some of these cases belonged to the same group. In addition to our two cases containing the influenza-like organism, two others, which were received by us in July, and in which pneumococci were found, are also included. It is interesting to note that in one of these the infection was subsequent to a fractured skull.

It seems obvious from these cases of meningitis from two different parts of Australia that, apart from the occurrence of sporadic cases of pneumococcal meningitis, there was present another distinct type, due to a hæmophilic organism of the influenza group. It will be of interest to note whether any further cases occur in Australia during the coming winter.

Gram Negative Bacillus of the Influenzal Group.

Case I.—On June 9 Dr. Palmer submitted to us the brain and mesenteric glands of a child on whose body he had held a *post-mortem* examination. Macroscopically there was a purulent lepto-meningitis at the base of the brain. A smear from the pus showed a few leucocytes, but no bacteria. Cultures were made on serum, on agar, and on blood agar. On the blood agar numerous very minute dew-like colonies appeared in 24 hours. These were composed of gram negative bacilli and cocco-bacilli, sometimes in coccoid form, and sometimes in long filaments. The organism was not as small as the typical influenzal bacillus, though smaller than a coliform organism. The same organism appeared more slowly on serum and on simple agar, taking several days to develop. On these media there were also a few whitish colonies of staphylococci. Sub-cultures grew for the first generation on blood agar, but not on serum or ordinary agar. The forms presented were large swollen coccoid ones, diplococci and snake-like forms. Unfortunately, through neglect to keep these cultures continuously at incubator temperature, further sub-cultures failed completely.

A guinea-pig, inoculated seven days after the specimen was received by an intra-peritoneal injection of a pure culture, died six days later. The intestines were congested, and there was slight blood-stained fluid in the peritoneal cavity, with some exudation of lymph. Smears showed various organisms, including small gram negative bacilli. The cultures were all overgrown, the animal having begun to decompose before it could be examined.

Case II.—On June 26, Dr. A. S. Bowman, of Singleton, forwarded us some cerebro-spinal fluid taken from a child who was suffering from posterior basal meningitis. The fluid was turbid, and did not contain many pus cells. Smears showed scattered irregular gram negative threads, sometimes with coccoid elements. No growth occurred on agar or serum, but a number of dew drop-like colonies grew on blood agar. Microscopically these proved to consist of gram negative cocco-bacilli with slender gram negative "snake "forms, some of which were of considerable length. Further sub-cultures on blood agar and other media failed.

In answer to an enquiry, Dr. Bowman stated that he knew of no similar cases in the neighbourhood.

Pneumococcal Infection.

Case III.—On July 2 Dr. Palmer submitted to us the brain of a patient who died after having sustained a fracture of the cribriform plate of the ethmoid bone. A basal meningitis was present. Smears contained numerous gram positive diplococci, and on blood agar slopes fine colonies of pneumococci grew.

Case IV.—On July 10 a specimen of cerebro-spinal fluid was submitted from the Balmain Hospital. In the smears numerous gram positive diplococci were found. The cocci were arranged at times in short chains of three or four. Pneumococci were obtained in cultures, and a vaccine prepared, but the patient died before its arrival.

Reports of Cases.

TWO CASES OF SCURVY IN CHILDREN.

By **M. J. Plomley, M.B., Ch.M. (Syd.),**
Sydney.

Case I.—A girl baby of 10 months of age was brought to the Children's Hospital Out-patient Department, with a history of some intestinal disturbance, lasting about four weeks. There was definite loss of weight, and the child seemed to be uncomfortable, and resented being touched. There was no vomiting, but the motions were green and slimy, though not frequent. Though previously active in moving arms and legs, the child now lay quietly in bed, and it was suggested by the parents that the back was weak, as no attempt was made to sit up. There were several teeth, and the gums and mouth were healthy, except for a slightly coated tongue. Handling the child increased its cries though no definite area of tenderness could be discovered. The legs were drawn up on the abdomen, but could be easily straightened. The child was entirely breast fed up till 9 months of age, and with the addition of a cereal food with fresh milk for one month. The mother, however, was a weakly looking woman, with spongy bleeding gums and pyorrhœa. She suffered also from indigestion.

Though scurvy was at first considered the most likely diagnosis, the facts that the baby was breast-fed, that petechiæ and hæmorrhages into the gums were absent, and that passive movements were not resisted, led to treatment being reserved for the intestinal condition. The child was allowed only breast milk, and a bismuth mixture was given. No improvement occurred in the fretful condition after seven days of treatment, though the intestinal trouble was much improved. The child continued to waste rapidly, and since a fresh examination revealed nothing new, the diet was increased by the addition of a milk food, and raw meat pulp. At the next visit there was a slight gain in weight, but the general condition and the fretfulness were, if anything, worse. Orange juice was then ordered, and the breast feeding discontinued, with immediate and gratifying results. The pains and fretfulness rapidly disappeared. The weight, however, remained stationery for several weeks, and after that recovery was slow, but sure, in spite of an attack of bronchitis.

Case II.—I was called in to see a fat, apparently healthy boy, aged 2¼ years, just down from the Northern Rivers. He had fallen, striking his left leg just above the internal condyle of the femur, on the corner of a stone step. An anæsthetic was given for the examination, but no fracture was detected. The child, however, refused to use the leg, and complained of pain, even after 10 days' rest and treat-

ment. He became very fretful, requiring continual attention on the part of the mother. A few hours after seeing him on the tenth day I was told that he had twisted his right leg whilst rolling over in his cot, and was in great pain. On examining the leg nothing definite could be found, though the child said he had struck his knee against a table a few minutes before. The left leg could be moved about without much discomfort. Ten days later I was told that the child still made no attempt to walk, was still very fretful, and was sleeping badly. On examination nothing definite could be found in the joints or bones, except a vague tenderness and resistance to passive movement. The gums, however, were hæmorrhagic, and had been so, according to the mother's statement, for two days. There was also some bruising over the lower spine. An enquiry into the diet elicited the following facts. Breast-feeding lasted for 12 months, and was followed by a diet of cereal foods made with fresh milk, bread and butter, and eggs, lightly cooked. Milk as a drink was refused, and the child could not be persuaded to eat green vegetables or fruit of any kind. Later, milk puddings, junket, etc., were not taken, the child living on eggs, bread and butter, and water for several weeks after his accident.

The diet was increased by the addition of orange juice, potato gruel, milk and fresh meat, all of which were taken very unwillingly. The hæmorrhages rapidly disappeared from the gums, but the pains persisted for about five days. The unaccustomed food and fruit juice brought on an attack of diarrhœa, which, however, soon cleared up under treatment.

Each of these cases are interesting for several reasons. The first patient was breast-fed, had been very fat, and had only begun to lose weight on the advent of enteritis. Hæmorrhages were absent both from gums and skin, and passive movement was only slightly resisted, more as if the child were irritable, and not as if she were in pain. Orange juice cured the case almost immediately, though raw meat pulp had apparently no effect. The second patient was older than usual for scurvy. The definite history of injury delayed the diagnosis in this case, especially as the boy looked the picture of health. The diet included fresh eggs and butter, which apparently were unable to prevent the onset of the disease. A point of interest emphasized by Hess and Fish[1] was the presence in this child of the exudative diathesis, as evidenced by the appearance of urticaria on several occasions during the last two years.

In both cases a mild diarrhœa developed during treatment, and this I consider unusual, for many lose an accompanying diarrhœa on the exhibition of orange juice.

Reviews.

PÆDIATRICS.

Practical Pædiatrics,[3] written by McKee and Wells, and containing an appendix by Taylor, is designed especially for the family practitioner as a modern clinical guide in the diseases of infants and children. Emphasis is laid on the fundamental differences between children and adults, both in their anatomy, physiology and pathology, and also on the marked instability of the infant organism. New ground has been broken, as far as text-books on pædiatrics are concerned, in the chapter on blood-pressure, embodying the author's own researches, as well as the methods of examination and opinions of other writers. The chapters on infant feeding and disease of the respiratory tract are very comprehensive, and in the former great stress is laid on the necessity for simplicity. A short account is given of pellagra. Treatment is good and up to date, vaccines and serums receiving special attention. Development and its anomalies, conservation of infant life, deformities, and the child as a psychical problem are dealt with in the appendix. These matters are skilfully handled, and will be found of use both to the general practitioner and the specialist. The work can be recommended as a sound one, but certain subjects are dealt with at great length, while others equally important are dismissed in a few lines. Too great delay is advised, where surgical interference is necessary, as in appendicitis and intussusception, or rather the dangers of delay are not sufficiently emphasized.

Ths subject matter could with advantage be included in a single volume.

[1] *American Journal of Children's Diseases*, 1914.

[3] Practical Pædiatrics: a Modern Clinical Guide in the Diseases of Infants and Children for the Family Physician, by J. H. McKee, M.D., and W. H. Wells, M.D., with an Appendix upon Development and its Anomalies, by J. M. Taylor, A.M., M.D., 1914. Philadelphia: P. Blackiston's Son & Co.: Melbourne: Stirling & Co. In two volumes; 8 vo., pp. 1182, with two coloured plates, and 146 illustrations. Price, £2 10s.

HOUSE DRAINAGE IN AUSTRALIA.

In a work[2] dealing with the practice of house drainage, which has just been issued, Mr. Wills has endeavoured to provide for Australia a practical manual dealing with the problem from the special point of view of that country.

In his attempt to achieve this praiseworthy end, it must be stated at once that the author has been only partially successful. The work is really an exposition of Sydney drainage practice, and as such is not representative of Australia. It has to be admitted, however, that if the excellent standard of drainage detail advocated by the author were adopted throughout the country, the result would be distinctly beneficial to the Commonwealth.

The outstanding feature of the book is its eminently practical character. The subject matter is illustrated by a series of excellent drawings, which the author, in his preface, modestly states "are not to be taken as examples of the draughtsman's art," but which nevertheless will be found of the greatest value to the student, and add very considerably to the value of the manual. After having disposed of scale and plan reading, laying off level, trench excavating, etc., the author deals adequately and clearly with the materials used and methods employed in laying house drains, describes fully the various sanitary fittings, and indicates clearly the problems involved in a general plan of house drainage. It is to be regretted that Mr. Wills has dismissed the question of "House Drainage Outside Sewered Areas" in such a cursory manner as he has done in Chapter XVII., and if this aspect of the question is one which the author does not feel himself competent to discuss fully, it is to be hoped that in a future edition—which will no doubt be called for—he will enlist the services of an expert on this question to deal with it; as, after all, areas not boasting of sewerage facilities are an important item in Australian practice, and are worthy of more than the scant notice accorded to it in this book. A word of praise is due to the publishers for the excellence of the printing and the clearness with which the illustrations have been reproduced. This little work can be recommended with confidence to every one interested in the problem of house drainage.

[2] Australian House Drainage Practice, by H. G. Wills, A.R., San. I., A.I.S.E., 1914. Sydney: Angus & Robertson, Ltd.; pp. 142, 109 illustrations. Price, 7s. 6d.

In an article published in *The Medical Journal of Australia*, March 20, 1915, p. 263, a statement appears that provision is made for the gratuitous treatment (dental) of all children attending the primary schools whose parents cannot afford to pay for this treatment. This statement was made on a misunderstanding. Dental treatment is given in the State Children's Department, and the Minister for Education now proposes to extend the work to children attending the primary schools. It is estimated that the cost of this work will be £20,000.

On January 27, 1915, Sir Alfred Pearce Gould, F.R.C.S., Acting Vice-Chancellor of the University of London, presided at a meeting of the Senate of the University. Dr. Edward Barclay-Smith, M.A., M.D., B.C. (Cantab.), was appointed Professor of Anatomy in the place of Professor David Waterston. The appointment became effective on February 1, 1915, and the new Professor, like his predecessor, will teach at King's College.

Dr. Edward Provan Cathcart, M.D., Ch.B., D.Sc., Glasgow, whose work on physiological chemistry and pure physiology is well known and highly esteemed in London, was appointed to the chair of Physiology vacated by Professor Leonard Hill. The duties will be commenced on April 1, 1915, and Professor Cathcart will carry them out at the London Hospital Medical School.

The Medical Journal of Australia.

SATURDAY, APRIL 3, 1915.

Malaria.

Last week we announced that the Director-General of Public Health of New South Wales had advised the authorities to proclaim malaria a notifiable disease in accordance with Section 28 of the Public Health Act, 1902. The Director-General announces that this advice is not based on an actual or urgent danger, but is a precautionary measure, taken in view of the report of a single case in the State. In another column of the present issue, an official note from the Government Bureau of Microbiology is published, in which the writer, Dr. J. B. Cleland, attempts to reassure the public and the profession in regard to the risk of a serious spread of ague. The Department has acted wisely in insisting on the notification of every case of malaria, and, after Dr. Jamieson's warning, practitioners should be on the look-out for recurrent fever, which may conceivably be caused by the tertian or æstivo-autumnal parasite. The officials of the Department have demonstrated a truly British optimism. Precautionary measures have been adopted, but with a light-heartedness indicating that this expedient is resorted to rather because, if neglected, the public might look askance than because of any real necessity.

Dr. Cleland assures us that three factors are essential for the spread of malaria. The population must be dense, the plasmodium carrying anopheles must be present in large numbers, and a certain percentage of the population resident in the threatened area must be infected. It may be granted that in districts where malaria is strongly endemic, these conditions obtain more or less. But it would appear as if the essentials may be dispensed with at a time when the disease is gaining a foothold. One single infected person is certainly necessary before malaria can be conveyed to others. Again, some anopheline mosquitoes must be present, but provided that they bite the infected person at a time when he is infective to mosquitoes, the actual number of insects is not a determining factor. Lastly, while the rate of spread and the chances of a considerable extent of infection must depend on the density of population, there is ample evidence of chance infections in sparsely populated districts.

The Department of Public Health has raised the question of the authenticity of Dr. Jamieson's case, in so far as the allegation, that the patient had not been in a malarial district, is concerned. But immediately upon this doubt in regard to a fact, which Dr. Jamieson has been at pains to verify, Dr. Cleland adduces the evidence of the history of malaria in New South Wales, which he has collected from such material as is available. The facts of this history are few in number. He quotes cases which may or may not have been malarial in nature, but in the absence of microscopical evidence, a positive statement made long after the event is hazardous. Furthermore, even if Australia enjoyed a history of having been in the past entirely free of malaria, this might indicate that malaria had not been diagnosed. Many diseases are recognized suddenly, and, in retrospect, there is strong presumptive evidence of oversights in the past. The history of epidemics is valuable only in so far as indisputable positive evidence is concerned.

It does not follow that, because it is possible that no malaria has been present in New South Wales previously, no malaria will break out in the near or remote future. Theoretical arguments have at times to bend before a single fact, and the fact that one or two cases of malaria have occurred among the indigenous population of the State is a sound reason for regarding the possibility of a wide spread of malaria as serious. We trust that if cases are notified by medical practitioners, the health authorities will keep fully alive to their responsibilities, and not be content to follow up the cases leisurely, with half-hearted measures.

THE FACTOR OF HEREDITY.

Several articles of a more or less speculative nature, dealing with the essence of hereditary influences in growth, development and disease have appeared in *The Medical Journal of Australia* during the past few months, and in addition we have been fortunate in having had the opportunity of publishing records of observations of certain types of

hereditary diseases and malformations. The value of the former in directing thought toward the obscurest of problems cannot be overrated. Even if the deliberations of the various authors have brought us scarcely nearer an understanding of the nature of inheritance, these attempts to unravel the mysteries of transmitted characteristics is beneficial in indicating the directions in which fresh observations are required, and in arresting a tendency to argue in words without a foundation of facts.

Dr. Litchfield has been most ingenious in attempting to reconcile Weissmann's theory of the continuity of the germ-plasm with other theories, and with established facts, and in explaining inherited characters on the basis of the inclusion of ferments. Mr. John Scoulter, whose skilful exposition of pangenesis, continuity of germ-plasm and Mendelism is worthy of careful study, has thrown Darwin, Weissmann and Bateson overboard in favour of an alleged psychic quality of the individual elements of the living organisms. Dr. Cleland has referred us to a theory which he evolved some seven years ago, whereby he explained the difficulties experienced in the acceptation of Weissmann's views by substituting for the continuity of germ-plasm an alleged absorption of hormones into the somatic as well as reproductive cells of the organism.

The reader of these and many other similar attempts to solve the problem is struck by the elasticity of terms employed in the various explanations offered. Even in Weissmann's careful enunciations, confusion is likely to arise if the differentiation of germ-plasm from soma is carried to its apparent logical conclusion. Under ordinary conditions, the epithelial cells of the skin are regarded as somatic; but the experiments of Carrell demonstrate that independent existence, at all events for a limited time, is possible when these cells are detached from the parent organism. If, on the other hand, all cells are potentially germinal, and therefore are endowed with the characters of the cells from which they are derived, it would appear that no valid objection has yet been put forward against Weissmann's materialistic explanation that the characteristics of an organism must, if transmitted, have been passed down to the offspring in the germinal cells. Even Mr. Scoulter, with all his objection to materialism, finds it necessary to localize his psychic qualities in the germinal cells. No one disputes the fact of inheritance of certain qualities. For instance, the incidence of curly hair or of white hair in a single family has been shown to be quite out of the range of coincidence (Bateson, Rizzoli), and again the extraordinary number of musically gifted persons in the family of the musician Bach is far too large to admit of an explanation on the ground of accident. The first question raised by the gentlemen giving their views in this Journal is whether the something which is responsible for the transmission of these peculiar departures from the average or normal is a substance contained in the germ cell, or a non-material addition. The suggestion of a defined substance is given by Drs. Litchfield and Cleland. But in neither case is the suggestion sufficiently definite to admit of a minute analysis and test. Ferments have never been isolated in a pure condition. They are always associated with globulins, and from a physico-chemical point of view fermentation appears to be due to a definite arrangement of elements and side chains. In the case of the hormones still less knowledge of their nature and constitution is possessed. Moreover, it is by no means excluded that what is known as hormonic action may not be a particular instance of ferment activity. In view of the fact that chemists have attempted with all available means to isolate ferments from proteid material and failed, pending a definite discovery, it would be a safe working hypothesis to assume that ferments are not substances but that ferment action is a quality of living protein (globulin). Now this working definition includes a word which is quite undefinable. This is the word "living." And after all, Darwin, Weissmann, Haeckel, and indeed every philosopher from the earliest times, have been seeking in vain for some idea of the nature of life. Mr. Scoulter asks us to substitute the word "psyche" for ferment, hormone, life. If we understand him aright, he would endow every part of the living organism with an intellectual attribute. If this means a living attribute, if he recognizes in the germ cell a something which he calls a psychic character, and which other men call life, nothing further need be said, for this is merely a substitution of words. But if he regards his "psyche" as an independent quality, which occupies the germ-cell,

and which imparts to it all the characters of the organism from which the germ-cell was derived, we look in vain for any evidence to uphold this theory. Why noumenal entities should be required to effect a transmission of a quality such as curly hair is not explained.

When life can be defined, we may be able to ascertain the explanation of inherited qualities. In the meantime we must be content to assume that living protoplasm, as contrasted within dead protoplasm, can exercise certain functions in virtue of its chemico-physical constitution. Among the functions, which protoplasm in a condition which is spoken of as living is capable of exercising, is that of giving rise to cells of a defined form and quality. In the case of primary germ-cells, it would appear as if the protoplasm was endowed with all, or at all events the greater number, of the qualities possessed by the cells—somatic as well as reproductive—of the parent organism.

From this speculative aspect of this subject we pass to the more profitable one of the records of observations. In this respect, Drs. Eric Pockley, Hogg, Lipscomb, and Dane have contributed some highly interesting and valuable facts, and it is to facts such as these that we must look for progress toward the better understanding of the mysteries of life and heredity.

THE BABY CLINIC AT NEWCASTLE.

The Department of Public Health of New South Wales established in February last a baby clinic at the headquarters of the Newcastle District Benevolent Society. From an economic point of view objection might be raised to the establishment of a centre where advice and assistance is given gratuitously in a district inhabited by a prosperous mining population. This objection could not be upheld even if the Newcastle district were actually more prosperous than it is. The object of instituting and conducting a baby clinic is to prevent illness among young children, to lower the infantile mortality, and to improve the physique and well-being of the coming generation. While general practitioners can in the course of their practice contribute to these ends, marked success is only attainable if young mothers are instructed in the bringing-up of their children by means of a well organized and more or less general kind of campaign. Moreover, an efficient clinic of this description will enlist the collaboration of the practitioners in the neighbourhood, and will tend to increase their work, rather than to diminsh it. We are informed that there is a considerable number of children in Newcastle whose up-bringing is deficient, partly on account of the want of means of the parents, and partly on account of the undoubted ignorance of the mothers.

The Baby Clinic at Newcastle is open from 9 till 5 every day, during which period the nurse is in attendance. The nurse receives from the Department of Public Health each day a list of the births notified under the "Notification of Births Act." A visit is made to each address indicated. If a doctor and qualified nurse are in attendance, nothing more is done for one month. On the other hand in those cases in which no qualified person is looking after the mother, the nurse keeps her and her infant under observation, and advises that a registered practitioner shall be called in, should there be any necessity. At present the nurse cannot compel the mother to consult a doctor.

Every mother visited is urged to attend the clinic with her baby when the latter is a month old. At these visits the baby is weighed, other observations are made, and full instructions are given to the mother as to how the child should be fed, clothed and handled. In the event of any pathological abnormality being discovered, the mother is again advised to take the baby to a doctor. In those cases in which the mother pleads poverty as the reason for not consulting a doctor, she is urged to bring the child to the clinic on a certain afternoon when "out-patients" are held by the Honorary Medical Officer. Again, if any practitioner in the district has a patient who is unwilling to obey, or incapable of carrying out his instructions in regard to the baby, he can refer the mother to the clinic and give his instructions to the nurse who will carry them out. Mothers are induced to bring their children to the clinics at intervals up to the school age, and during the whole period of their attendance instructions in infant and home hygiene are given.

The nurse in charge is a very capable woman, tactful and resourceful. She receives support and instruction from the Medical Officer, Dr. May Harris, and considerable assistance from the Director, Mr. Pegan, who is also the Superintendent of the Benevolent Society. We venture to express the opinion that a clinic, run on these lines under the conditions obtaining, will prove of very considerable value to the inhabitants of the district.

CLUB FOR SOLDIERS.

At a public meeting held in the Town Hall, Sydney, on March 30, 1915, it was decided that a club for soldiers should be instituted in the city; that an executive committee, comprising of Colonel Walack, at Patron; Dr. F. Antill Pockley, as President; Mr. J. O. Fairfax and Mr. F. E. Winchcombe, as Vice-Presidents; Dr. Mary Booth, as Honorary Secretary; Mr. F. Sargood, as Honorary Treasurer; Miss Gladys Marks, Miss M. G. Garran, Professor Davey, Lieutenant-Colonel Luscombe, Dr. Fiaschi, Mr. W. Brookes, Mr. R. McMillan, Mr. W. A. Purves, and Mr. Jacques as members, be appointed to manage the affairs of the club, and be given power of co-option; and, lastly, that a subscription list be opened to secure the necessary funds. The movement has a hygienic or medical significance inasmuch as it aims at the removal of the temptations of the streets and public houses from those who have engaged themselves to serve in the combatant forces under the British flag. In addition, the provision of a suitable place which men in training at the camps can make their headquarters while on a visit to the city must be regarded as a reasonable gift of comfort from the citizens to the soldiers.

Abstracts from Current Medical Literature.

THERAPEUTICS.

(102) Radium Irradiation in Malignant Disease.

A. Clifford Mawson (*Brit. Journ. of Surgery*, January, 1915) discusses some points in connexion with radium treatment of malignant disease, on the basis of the experience gained at the Cancer Research Laboratories of the Middlesex Hospital. He prefaces his remarks by the statement that statistical evidence of the value of radium as a remedy for cancer is, as yet, impossible, for clinical observations must be carried out over a period of years before a definite statement can be made. In regard to the dosage of radium, he points out that 30mgrs. of radium bromide in a platinum tube 0.3 mm. thick, inserted into a round-cell sarcoma of the size of a walnut for five hours has caused the complete disappearance of the tumour in 7 days. Columnar-cell carcinomata require 10 hours' radiation to produce a similar effect. It has been found that the intensity of the rays from 100 mgrs. in a platinum tube 1.5 mm. thick diminishes to the equivalent to 33 mgrs. after traversing 3 cm. of growth. In other words, the effect of radium on tissue is increasingly less intense as the distance from the tube increases. The greater the amount of radium employed, the greater will be the danger of injury to normal tissue. To overcome this difficulty, the length of exposure can be increased. It has been found that tubes of platinum 0.5 mm. in thickness cut off all the alpha rays and all but the hardest beta rays. The therapeutic rays employed are therefore practically pure gamma rays. The effect of radium irradiation on malignant cells is threefold. (1) Rapid degeneration of malignant cells in the immediate vicinity of the radium. (2) Apparent vacuolation and enlargement of nuclei of those cells beyond the degeneration zone. (3) The loss of the reproductive function of the cancer cell. After a malignant tumour has disappeared as a result of radium treatment, proliferation of connective tissue cells is found to have taken place. If the treatment has been successfully carried out, no active inflammatory changes are detected. Mawson enumerates the complications which may follow radium treatment. As a result of the sensitiveness to irradiation of endothelium, sudden death has been caused by the occurrence of thrombosis in large veins. Of the less severe complications, hyperpyrexia may be due to the absorption of dead and dying malignant cells, but, provided that the dosage is not excessive, this danger need give rise to no anxiety. Persistent pain has been observed in a few cases, as have the necrosis of bone and fibrous stricture. The author deals with the various forms of malignant disease individually. Round-cell sarcoma is the most sensitive to irradiation. The length of exposure should not exceed 8 hours. Spindle-cell sarcoma yields satisfactorily to radium if the growth is situated in tissues other than bone. Chondro-sarcoma requires 12 hours' exposure, and occasionally yields good results. The ultimate result in melanotic sarcoma is unfavourable. Some improvement has been obtained in growths of the brain and spinal cord. Healthy nervous tissue is unaffected by exposure of not more than 24 hours' duration. Rodent ulcer reacts well to radium treatment. Squamous-cell carcinoma of the skin can be readily destroyed, while that of the mucous membranes are much less amenable to treatment. Satisfactory results have been obtained in this form of cancer affecting the cervix, while temporary improvement follows malignant stricture of the œsophagus. Growths of the larynx do not yield satisfactorily to radium. Those of the pharynx may be treated in this manner in as much as life is prolonged. Better results follow the treatment of carcinoma of the tongue, tonsil, and palate. In regard to spheroidal-cell carcinoma, primary growths of the breast disappear when irradiated, but it is not known whether dissemination is prevented by the treatment. Similar results are obtained in carcinoma of the prostate. Columnar-cell carcinoma is extremely resistent to radium, and, consequently, the results in stomach cancer have not proved satisfactory. Endotheliomata are very sensitive to radium and good results have been obtained. Lastly, new growths of the testicle show a sensitiveness to radium irradiation, which is almost as pronounced as is round-cell sarcoma.

(103) Artificial Pneumothorax in Pulmonary Tuberculosis.

Lyon (*Boston Med. and Surg. Journ.*, August 27, 1914) reports the result of artificial pneumothorax in the treatment of pulmonary tuberculosis. In 31 cases the disease was in a moderately advanced stage, in 2 the prognosis was questionable, in 17 it was unfavourable, and in 12 bad. The lung was collapsed to relieve hæmorrhage three times, and the experiment was successful. The treatment had to be abandoned 16 times on account of recrudescence of the disease in the other lung, severe hæmorrhage from the uncollapsed side, neurosis, pleural shock, appendicitis, spontaneous pneumothorax, and for technical reasons. Of the fifteen remaining patients five were discharged in good health. Of these, three were able to work eight hours a day subsequently. Treatment was being continued satisfactorily in the remaining ten cases. The greatest number of injections made in a single case was twenty-eight, the maximum amount given was 1700 c.cm., and the minimum amount was 50 c.cm. Of the 62 cases treated, fifty-eight were bilateral and four were unilateral, and in almost every instance the prognosis was unfavourable. The treatment was discontinued in thirteen cases on account of dense, unyielding pleural adhesions, and in twelve on account of recrudescence of the disease in the untreated side. In the same journal, of date December 24, 1914, Balboni discusses the avoidable accidents and complications, and the results of this method of treatment. The accidents are :(1) Hæmorrhage due to puncture of the lung. (2) Subcutaneous emphysema, the predominating causes of which are a large wound, the injection of nitrogen at a high pressure, the lack of density of the tissues, the excessive thinness of the subject, and a paroxysm of coughing following an injection. Pneumothorax from puncture, and rupture of the lung is a serious accident. Deep or mediastinal emphysema is produced when the nitrogen is injected in large amounts into the lung. The pleural reflex, consisting of eclamptic attacks, loss of consciousness, and sudden death may in all probability be avoided if a preliminary injection of morphine be given. The author believes pleural shock to be really air embolism or spreading thrombosis from the pulmonary veins. Two possible complications of artificial pneumothorax are, shock from increased toxæmia and acute dilatation of the heart. Gas embolism can be avoided. Serous pleural effusion may develop any time after the induction of the pneumothorax when the lung is only partially collapsed. These effusions are unfavourable complications, inasmuch as the presence of a large number of tubercle bacilli in the pleural cavity increases the absorption of toxins; nevertheless, they must not be interfered with, unless they become large or show such unfavourable symptoms as continued pyrexia, marked distress and disturbance to the adjacent organs, or unless they become purulent. The danger of infection becomes greater at secondary injections, as the fluid is an excellent culture medium, and a serous effusion may be transformed into a purulent one. Pain may result from separation of the pleural surfaces, and stretching of adhesions.

(104) The Action of the Iodides and of Iodine Ions on the Heart and Blood Vessels.

Macht (*Johns Hopkins Hospital Bulletin*, September, 1914) points out that various actions have been attributed to the iodides of potassium and sodium, such as the lowering of the blood pressure, the promotion of the absorption and the prevention of the formation of connective tissue, etc. But on reviewing the work of various observers, it appears that no special attention has been paid to the relative pharmacodynamic rôles played by their constituent parts, namely, by the iodine and the potassium or sodium. The author accordingly undertook a research to determine just how the constituent elements of the salts KI and NaI act on the heart and blood vessels, individually and in combination with each other. He performed some experiments in perfusion of the blood vessels, and also tested the effect of these drugs on

strips of carotid, coronary and external iliac and pulmonary arteries of the ox and the pig. Experiments were also performed on the frog's and on the mammalian heart, and on the blood pressures in intact animals. He concludes that the potassium ion produces a relaxation of the blood vessels and a marked depression of the heart; the sodium ion has a slightly stimulating action on the blood vessels, and also stimulates the heart, and that the iodine ion is a powerful stimulant to both the heart and the blood vessels, as shown by its action in experiments on isolated organs. The stimulating effect of the iodine ions, however, is greatly inhibited in the intact animal by their chemical combination with the proteins of the blood. Whether the chemical compound thus produced is a stable one, or where it is a loose one, and slowly breaks up, setting iodine free, is uncertain. If iodine is set free, a stimulating effect is to be expected. The action of sodium and potassium on the heart and vessels can best be understood from the action of their component factors. Sodium iodide possesses no depressing property, for the sodium ion is a vascular constrictor and a cardiac stimulant, and the iodine ion, in so far as it free to act, has the same action. Potassium iodide, on the other hand, clearly shows the depressing effect of the potassium ion on the heart and the vessels, especially of mammals, not only on isolated organs, but also in the living animals. It is therefore not a matter of indifference which of the iodides is to be used for depressing the circulation, as, for instance, in the case of aneurysm. The pharmacological analysis of the action of the iodides, furthermore, shows that so far as experimental evidence goes, the iodides possess no special virtue in lowering blood pressure, but that that effect is really due entirely to the potassium, and could be produced even more efficiently by other potassium salts.

UROLOGY.

(105) Renal Infection.

W. H. Barber and J. W. Draper have investigated the part played by impaired ureteric function in renal infection, and have analysed the mechanism of the spread of infection from the bladder to the kidney (*Journal Amer. Med. Assoc.*, January 16, 1915). A large number of authorities have condemned all operations entailing a diversion of urine from the normal path. Maydl's block transplantation of the ureter is usually held to be reasonably safe, and Cunnigham has stated that "ascending infection is less probable, because of the protection afforded by the preservation of the natural relations." The authors have set themselves the task of determining what these "natural relations" are. After considering the embryology of the ureter and its anatomy and physiology, they detail their experimental work. They sought to ascertain the effect of cutting the uretero-vesical valve on the spread of the infection from a foreign body cystitis. The result of this procedure, in so far as the kidney is concerned, was negative in ten cases. In the next place, the ureter was removed from its retroperitoneal bed, freed of vessels, nerves and fascia and consequently deprived of its peristalsis. In spite of this, hydro-nephrosis developed. On the other hand, no kidney change followed what they described as ureteral circumcision. They have determined that ureteral traumatism, resulting in greater or lesser degrees of impairment of function, as indicated by prostatic paralysis, did not lead to a definite infection in the majority of cases at an early stage, but they recognized that the infection might occur later on. After having cut the valves and paralysed the ureters no hydro-nephrosis occurred, but a primary infection of the kidney frequently resulted. They, therefore, conclude that the factor of safety contained in the natural relations of the ureter depends directly on the unimpaired peristalsis and indirectly on the integrity of the uretero-vesical valve.

(106) The Determination of Ammonia and of Urea in Small Quantities.

Kjeldahl's method of determining the amount of nitrogen present in any fluid has proved itself of inestimable value. At times, however, the amount of urine or other fluid to be analysed is so small that this method cannot be applied. To meet this difficulty, Folin has introduced a modification, in which he uses the Nessler-Winkler solution. The determination is carried out by matching the colour produced from the ammonia in the urine with that produced from a standard ammonium sulphate solution. Duboscq's colorimeter is used for this purpose. A. R. Rose and Katherine R. Coleman (*Biochemical Bulletin*, No. 12, 1914) have used an adaptation of this method, and record that very accurate results were obtained for solutions in which the nitrogen content ranged between 0.0004 and 0.0002 gramme per c.cm. The Nessler reagent consist of 62.5 grammes of potassium iodide, dissolved in 250 c.cm. of water, to which a saturated solution of mercuric chloride is added, until a permanent precipitate is formed. One hundred and fifty grammes of potassium hydroxide, dissolved in 250 c.cm. of water, are added to the iodide solution, and the mixture diluted to one liter. This solution is diluted 5 times in nesslerizing, and 35 c.cm. are used. After some experimentation, the authors found that the colour in the Duboscq colorimeter did not match the standard as well as a 21% solution of chloro-platinic acid. An equally satisfactory colour was obtained by using a 5% solution of chloro-platinic acid, to which was added one-half of its volume of hydro-chloric acid, containing 1.2% of cobalt chloride. They placed the cup containing the chloro-platinic solution at the 20 mm. point, and made three readings in an upward direction, and three in the downward. Fifteen minutes were allowed for the colour to develop, and the readings were taken within 10 minutes of this time.

(107) The Effect of the Colon Bacillus on the Kidney.

Being anxious to learn the pathogenic action of *bacillus coli communis* within the kidney, I. S. Koll (*Journ. Amer. Med. Assoc.*, January 23, 1915) has performed a series of experiments without endeavouring to prove anything particular. One c.cm. of a 24 hour bouillon culture of varions strains of the colon bacillus was injected into the ureter just below the pelvis of the kidney. In some cases the ureter was obstructed, while in others it was kept patent. The kidneys were removed at varying times after the injection. Simple injection caused a glomerular nephritis in each case. No focal or miliary abscesses formed, and in no instance in which the kidney remained *in situ* for longer than 24 hours could the bacteria be demonstrated in the organ. The opposite kidney showed similar changes of a less pronounced degree. After removal of the infected kidney, the opposite organ became completely restored. He concludes from these and similar experiments that a non-traumatized kidney can overcome the invasion of virulent bacilli, provided that the ureter is not obstructed. Infection takes place through the blood stream, from the pelvis to the cortex, from the cortex to the pelvis, and possibly from the peri-ureteral tissue to the renal parenchyma. The pathological changes found in these infections are due to a direct toxic action; the toxins are carried to the opposite kidney, where similar changes are set up. He discusses briefly the experimental findings of other observers, and argues in justifications of the conclusions set out above.

(108) Calculus in the Vesiculæ Seminales.

E. M. Corner relates a case of an old man, who was suffering from enlarged prostate (*Med. Press and Circ.*, February 10, 1915). In addition to the usual symptoms of hypertrophied prostate, he had noticed hæmospermia for 10 years. At the operation, no stone was found in the bladder. As the gland was being enucleated, the ejaculatory ducts were torn across and a calculus expressed. The right vesicula was found to be full of gritty material. The calculus consisted largely of calcium phosphate deposited on a nucleus of mucus. It was white in colour and very light. The author points out that stones are at times found in the bladder during the operation, although their presence was not determined beforehand. He suggests that these stones come from the vesiculæ. They can be distinguished from prostatic calculi, which are small, faceted, polished, multiple, and dark. Vesical stones are larger and contain urinary salts. He suggests that the stone gave rise to the hæmospermia.

MALARIA IN NEW SOUTH WALES.

An Official Note from the Government Bureau of Microbiology.

By J. B. Cleland, M.D., Ch.M.

The recent return from New Guinea and the Solomon Islands of a considerable numbers of Australians who have suffered from malarial fever, together with a recent report by Dr. Jamieson in the *Medical Journal of Australia*, of a case of this disease in which infection had apparently occurred in this State, renders it of interest to discuss the possibilities of the establishment of malarial centres in the State, and of the measures which the Microbiological Laboratory of the Department of Public Health has taken to make itself *au fait* with local conditions.

Sir Ronald Ross has pointed out that a certain density of population, together with a considerable degree of prevalence of anopheline mosquitoes is primarily essential for the establishment of a malarial centre. In addition, it is necessary that there should be a certain percentage of infected human beings to act as a reservoir. In other words, a heavy density of population, whether infected or not, with an absence of anophelines cannot lead to the establishment of malaria; similarly, a dense population uninfected with the malarial parasites and an abundance of anophelines are also insufficient. In this latter case, however, the introduction of one or a few carriers of the organism may lead more or less quickly to the establishment of the disease. Where the population is sparse but infected and anophelines numerous, the degree of spread will depend on the extent to which uninfected persons are associated with infected ones, thus giving the anopheles an opportunity of infecting other individuals.

From these remarks it is obvious that the first point to be decided in New South Wales was the relative prevalence of anophelines in various districts of the State. The investigations of Dr. E. W. Ferguson and myself have shown *Nyssorhynchus annulipes*, the presumed transmitter of malaria in Australia, to be widely distributed in New South Wales, but, as far as investigations at present show, in small numbers. Occasionally, specimens may be captured in the Sydney district, and even in the suburbs of Sydney, usually at nightfall, trying to make their escape by the window, having evidently remained in hiding during the day. In pools of clear, fresh water the larvæ have been found, and the perfect insect bred from these. The numbers so far, however, in the Sydney district have been very few, several only being captured in a season. The following are specific localities in New South Wales in which we have so far met with them: Neutral Bay, Rydalmere, Roseville, Hawkesbury River Bridge, Richmond, Locksley (near Bathurst), Camden, Yerranderie, Narromine. In some swampy country near Gular, flooded by rain, some anopheline larvæ were noticed, probably of this species. Similarly, a few of the perfect insects or of their larvæ have been found in the neighbourhood of Adelaide and of Perth. It is therefore highly probable that throughout the Southern States this insect is widely distributed, but, as a rule, in such small numbers as to lead to no danger of the spread of malarial fever thereby. In only one place so far have they been met with in such numbers as to indicate that danger would be likely to result if the population were denser and a malaria carrier resided in the part. This was at Overland Corner, on the River Murray, not far from Mildura, in South Australia, where, at the end of November, 1913, considerable numbers of these insects were found biting human beings. As population at this part was practically non-existent at that time, no danger may be expected, but if this anopheline is as abundant in other parts of the River Murray, or such tributaries as the Darling, where the population is denser, then very grave danger might follow to the inhabitants of the district, should some person carrying the malaria parasites give an opportunity to the mosquitoes to transmit the disease to other persons. It is highly important, therefore, that in the western parts of this State, especially along the Darling system of rivers, an effort should be made to ascertain the relative prevalence of these mosquitoes, and to ensure that if places are found where they are abundant, persons still harbouring the malaria parasites should either be prevented from residing in such neighbourhoods, or, at any rate, should give some guarantee that anopheline mosquitoes would not have access to them, so as to enable the transmission to others to become effective.

In working out the liability of a community to infection by any disease, the history of the disease itself is often a matter of great importance. As regards malaria, we have in this connexion compiled a history of the disease as far as it concerns Australia, and published this in the Third Report of the Government Bureau of Microbiology for the year 1912, page 226. This compilation shows that the incidence of malaria is almost completely confined to the northern parts of Australia, and that, so far, New South Wales had been very doubtfully concerned, if at all, in the matter. It may be noted, however, that Dr. Andrews, of Albury, is of opinion that the old "Colonial fever" was of a malarial nature, though most authorities consider it to have been typhoid fever. In Central Australia also, certain diseases have been suspected as being of malarial origin, and even the *Barcoo vomit*, characterized generally by vomiting at meals, has been considered to be of this nature, chiefly because in some cases quinine has proved of considerable efficacy. Remarks applicable to Central Australia may also be applied to western New South Wales. The following extract, however, suggests that in the past malarial fever may have been endemic in certain parts of New South Wales:—

> "From two separate sources (Dr. T. Storie Dixson and Mr. A. M. Lea, of the South Australian Museum), I have had information suggestive of the occurrence of malaria on or near the Darling River many years ago. The former states that 'there was many years ago a general idea that since the introduction of sheep ("the continuous trampling of myriads of feet"), malaria had been practically extinguished in these districts' (presumably previously malarious). Mr. Lea writes: 'Some little time ago the late Dr. C. Hardcastle, of Hobart, informed me that he contracted malarial fever between the Darling and Paroo Rivers, shortly after coming to Australia (about 30 years ago). I questioned the statement at once, but he was quite sure that it was malaria, and stated, moreover, that he had seen other cases west of the Darling.' Possibly, if these cases were really malaria, infection occurred by means of returning 'overlanders,' who had been victims of the Queensland outbreak mentioned below." . . . .

It will be thus seen, from a study of the history of malaria as affecting New South Wales, that the disease, if it ever has been established, has died out, but there is very considerable doubt indeed as to whether the possible cases were really such disease or not.

Since from time to time cases of malarial fever in a stage infective for anophelines have been received in Sydney hospitals and the patients may have mixed with the general population throughout the State, and as there has been no establishment of malarial centres in consequence, the chief factor concerned in this is probably the paucity of anophelines, on which account we may hope that in the coastal districts no establishment of the disease, even in the absence of all other measures of protection, is likely to occur. In the western parts of the State, however, previous possibilities of infection from malarial carriers have probably been few, and it is possible, though perhaps not very likely, that districts do exist in which danger might arise if such individuals resided there. So far, the majority of the patients examined who have returned from New Guinea and the Solomon Islands have been infected with the æstivo-autumnal parasites, a type in which the gametes (crescents) are often very hard to eliminate finally from the individual. As long as they are present, the host may infect mosquitoes, although not necessarily manifesting attacks of the disease. Some of the persons have also been found to harbour tertian parasities. Dr. Jamieson's case of tertian infection, apparently contracted in the Gosford district, is of great importance, provided the history given by the patient is one on which complete reliance can be placed. If it is a genuine case of local infection, it is probable that the infection was of stray occurrence, due to infection of one or two anophelines from a carrier resident in the district. Anophelines are, as far as is known, so few in this district that the likelihood of other cases arising

is small. The only other indigenous case of malarial infection known to me in New South Wales, is that of an infant under the care of Dr. E. W. Fairfax, who became ill a few days after birth, and in which the tertian parasites were found. As the mother had suffered from malaria during pregnancy, there is not the slightest doubt but that this infant was a case of pre-natal infection or direct infection at the time of birth through the umbilical cord.

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British Medical Association News.

ANNUAL MEETING.

The Annual Meeting of the New South Wales Branch was held at the B.M.A. Building, 30-34 Elizabeth Street, Sydney, Dr. David Thomas (the President) in the chair.

Annual Report of Council.

The Honorary Secretary (Dr. R. H. Todd) moved the reception and adoption of the annual report. The following is the report:—

The Council has the honour to present the following report upon the work of the Branch for the year ended March 26, 1915:—

Membership.—The total membership of the Branch is now 968, as compared with 920 at the time of the last annual report, showing a nett increase of 48. The Branch has lost, during the year, 15 by resignation, 20 by removal to the areas of other Branches, 4 by expulsion, 8 by default of payment of subscription, and 14 by death. The losses by death were as follows: Dr. A. C. Robinson, Dr. Lloyd Allen, Dr. C. E. Flashman, Dr. B. Hill, Dr. R. Prevost, Dr. R. A. Watson, Dr. W. D. Cargill, Dr. J. F. Lovegrove, Dr. J. N. E. Maclennan, Dr. J. Montgomery, Dr. Russell Nolan, Dr. R. E. Rygate, Sir Normand MacLaurin, Dr. Bobart.

Subscription.—The great increase in the work of the Branch resulting from its more complete organization throughout the State and the extended recognition of the Association as a public body having been found to increase the necessary expenditure, the Council decided to invite the members in active practice to increase their subscription, and, at a General Meeting of the Branch held on December 11, 1914, the following resolution was passed, namely:—"From and after January 1, 1915, the annual subscription of members of the Branch shall be £4 4s., provided that members of less than three years standing as registered medical practitioners, members who shall have retired from medical practice, and members who are over 70 years of age, shall pay £2 2s. instead of £4 4s.; and provided that members of not less than three years standing as registered medical practitioners who are permanent whole-time members of the public service of the Commonwealth (including the Naval and Military Services) or the State (including the N.S.W. Government Railways and the University of Sydney) shall pay £3 3s. instead of £4 4s."

Meetings.—Nine Ordinary Meetings, with an average attendance of 42, and 3 Extraordinary Meetings, with an average attendance of 93, were held. There were 6 Clinical Evenings, with an average attendance of 29. At the Ordinary Meetings and Clinical Evenings the business included the reading of 25 papers, 19 exhibits, 31 reports on cases, and 4 lantern demonstrations. The Extraordinary Meetings dealt with matters of medical politics. The meetings of the Council numbered 25, not including meetings of the various sub-committees of the Council, as follows, namely: Premises Committee, 3; Organization Committee, 9; Contract Practice Committee, 9; Ethics Committee, 9. There were also meetings of the recently constituted Standing Committees of the Council, as follows, namely: Executive and Finance, 2; Medical Politics, 2; Organization and Science, 2; Ethics, 1. There have been also meetings of several sub-committees of the Council created for particular purposes.

Representation.—The representation of the Branch was as follows: (*a*) On the Council of the British Medical Association, Dr. C. J. Martin (Lister Institute). (*b*) At the Annual Representative Meeting, Dr. W. H. Crago. (The thanks of the members are due to Dr. Crago for attending at the Annual Representative Meeting at Aberdeen, in July, 1914, and devoting several days of his holiday to the business of the Association.) (*c*) On the Federal Committee of the British Medical Association in Australia, Dr. F. Antill Pockley and Dr. G. H. Abbott, for the year ended December 31, 1914; for the year ending December 31, 1915, Dr. David Thomas and Dr. G. H. Abbott. A session of the Committee was held in Melbourne, on February 1 and 2, 1915. (*d*) In the Australasian Medical Publishing Company, Limited, Dr. W. H. Crago, Dr. R. H. Todd, Dr. G. E. Rennie. The Australian Medical Publishing Company, Limited, held its Annual General Meeting at Sydney on July 23, 1914. (*e*) On the Bush Nursing Association of New South Wales, Dr. David Thomas, as President of the Branch.

Council.—The Council was constituted as follows: Dr. David Thomas (President), Dr. George Armstrong (Vice-President, and for eight months, April to December, Honorary Treasurer), Dr. G. H. Abbott (Hon. Medical Secretary), Dr. Fourness Barrington, Dr. E. H. Binney, Dr. C. B. Blackburn, Dr. A. J. Brady, Dr. W. H. Crago (Hon. Treasurer, December to March), Dr. R. Gordon Craig, Dr. J. Adam Dick (Hon. Librarian), Dr. Sinclair Gillies, Dr. S. Jamieson, Dr. C. H. E. Lawes, Dr. T. W. Lipscomb, Dr. W. F. Litchfield, Sir H. L. Maitland, Dr. R. J. Millard, Dr. Clarence Read, Dr. F. P. Sandes, Dr. R. H. Todd (Hon. Secretary).

The office of Hon. Medical Secretary was again accepted by Dr. G. H. Abbott, and, under his direction, the scientific work of the Ordinary Meetings was maintained at a high standard of excellence. Dr. Abbott was disabled by sickness for a period during the year, but the Council is glad to congratulate him on his restoration to health. As in previous years, Dr. G. E. Rennie and Dr. W. H. Crago were again associated together, as Editor and Manager respectively, of the *Australasian Medical Gazette* during period terminating June 30, 1914, when the *Australasian Medical Gazette* became incorporated with the *Medical Journal of Australia*, the new official organ of all the Branches of the Association in Australia. As in the previous year, Dr. J. B. Cleland worked with Dr. G. E. Rennie as Assistant Editor.

Dr. R. H. Todd was re-appointed Hon. Secretary, and, during Dr. W. H. Crago's absence on a visit to Europe, Dr. George Armstrong undertook the office of Hon. Treasurer. Upon his return, Dr. Crago was re-appointed to the position which he has held for so many years.

An innovation in the mode of conducting the work of the Council by means of Standing Committees was authorized by a resolution passed at an Extraordinary Meeting of the Branch held on January 29, 1915. It is confidently expected that the new mode, which is an adaptation of that in operation for many years in the Council of the British Medical Association, will add to the efficiency of the administration, and relieve the strain hitherto experienced by individual members of the Council in having to attend frequent meetings of the full body. The following Standing Committees have been appointed, namely: Executive and Finance, Medical Politics, Organization and Science, Ethics. The Council, as a whole, will hold four regular quarterly meetings in the year, and will meet for special purposes as often as may be necessary.

In order to keep as closely in touch as possible with the Local Associations of Members, the Council, on December 15, 1914, passed the following resolution:—

> "That each Affiliated Local Association of Members be invited to appoint, at its Annual Meeting in each year, a representative to attend the regular quarterly meetings of the Council, with a view to the Council having the benefit of hearing, as the occasion may require, the opinion of such representatives on matters coming before the Council for consideration in the ordinary course of its business."

The representatives appointed up to the present are as follows: Dr. E. A. R. Bligh (Northern Suburbs), Dr. G. H. Walton Smith (Eastern Suburbs), Dr. W. H. Burkitt (Central Southern), Dr. S. S. Shirlow (Balmain District), Dr. H. Stoker (Southern District), Dr. Hugh Busby (Western).

B.M.A. Building.—The management of the B.M.A. Building has continued throughout the year in the hands of Dr. W. H. Crago (acting under Power of Attorney from the Branch), with the advice of the Premises Committee or of the

Executive and Finance Committee, which has recently superseded it.

The Library.—Dr. J. Adam Dick again accepted the responsibility of the office of Hon. Librarian, and, under his supervision, the Library has maintained its usefulness. The Branch sustained a loss in the death of Mr. C. W. Grigson, which took place on October 8, 1914. Mr. Grigson's presence, day by day, for so many years, at the Editor's table in the Library, and his kindly assistance to all users of the books led to his being associated in the minds of members with this rather than any other department. Since Mr. Grigson's death, the Council has secured the services of Miss A. Whitfeld to attend daily (except Saturday) in the Library. Miss Whitfeld, in her capacity as visiting library assistant, has had charge of the arranging and cataloguing of the books since they found their home in the shelves of the new building.

Affiliated Local Associations of Members.—The organization of the Branch has been greatly strengthened throughout the year by the activities of the Affiliated Local Associations of members. No new Local Associations have been formed. Their number still stands at seventeen. With the exception of the Eastern District Medical Association, whose members have never found it easy to attend meetings in large numbers, owing to the distances to be traversed and difficulty of getting to the place of meeting, all the Local Associations have carried on vigorous and active work during the year.

The following is a list of the Affiliated Local Associations and their Secretaries:—

Northern Suburbs	Dr. E. A. R. Bligh, N. Sydney.
Eastern Suburbs	Dr. F. H. B. Gaden, Bondi.
Western Suburbs	Dr. J. F. Walton, Petersham.
South Sydney	Dr. A. I. Blue, Redfern.
City	Dr. C. Corlette, Sydney.
Illawarra Suburbs	Dr. W. J. Binns, Kogarah.
Balmain District	Dr. W. Brodie Grant, Rozelle.
Border	Dr. R. A. Robertson, Albury.
Western	Dr. A. E. Colvin, Orange.
Central Western	Dr. A. MacD. Bowman, Par'matta
North Eastern	Dr. F. L. Bignell, Lismore.
Northern District	Dr. T. Sholto Douglas, Tamworth.
Eastern District	Dr. F. O. Stokes, Taree.
Central Northern	Dr. F. J. Fahy, Waratah.
Southern District	Dr. W. W. Martin, Wagga Wagga
Central Southern	Dr. G. A. Buchanan, Goulburn.
South Eastern	Dr. W. L. Kirkwood, Wollongong.

The Council desires to thank the Hon. Secretaries of the Local Associations for their services, including those who retired during the year, namely, Dr. W. H. Lang (Border), Dr. L. M. Snow (Northern District), Dr. L. R. Parker (City), Dr. W. J. White (Illawarra Suburbs), Dr. C. U. Carruthers (Balmain).

Resignation of Hon. Organizer.—Owing to pressure of private engagements, Mr. R. Barr Brown, on August 4, 1914, found it necessary to submit to the Council his resignation of the position of Hon. Organizer for the Branch. He had held this office for a period of four and a half years, and, during that time, had rendered very valuable services, not only to the Branch, but also to the Local Associations of Members in all parts of the State. The Council accepted his resignation with much regret.

Annual Meeting of the Delegates of the Affiliated Local Associations of Members with the Council.—The third Annual Meeting of the Delegates of the Affiliated Local Associations of Members with the Council was held on October 1 and 2, 1914, at the B.M.A. Library, Sydney.

The Delegates were Dr. E. A. R. Bligh (Northern Suburbs), Dr. G. Walton Smith (Eastern Suburbs), Dr. H. B. Hetherington (Western Suburbs), Dr. A. Maitland Gledden (City), Dr. J. J. O'Keefe (Illawarra Suburbs), Dr. S. S. Shirlow (Balmain District), Dr. A. E. Colvin (Western), Dr. C. E. Bruce Withers (Central Western), Dr. O. Muller (North Eastern), Dr. W. B. Dight (Northern District), Dr. J. W. Gormley (Eastern District), Dr. H. K. Bean (Central Northern), Dr. H. Stoker (Southern District), Dr. G. A. Buchanan (Central Southern), Dr. W. L. Kirkwood (South Eastern).

A report of the proceedings of the meeting appeared in the *Medical Journal of Australia* of October 10, 1914, and the minutes of the meeting have been supplied to the Delegates and to the Local Associations.

Friendly Society Lodge Practice.—The approved Common Form of Agreement between Medical Officer and Friendly Society Lodge met with acceptance from more and more of the Friendly Society Lodges as the year advanced. It was found from the returns of the "Tabulated Statement of Friendly Society Lodge Appointments held at December 31, 1914," that at that date some 85 per cent. of appointments were under the Common Form of Agreement, which may be regarded as gratifying, in view of the fact that, at the beginning of the year 1914, when the new terms and conditions of attendance were introduced, a very large proportion of the Lodges resisted them. It is understood that the agreement has resulted in making Friendly Society Lodge attendance a less unattractive form of practice, and in giving a better service to the Lodge members.

Experience of the intra-professional problems calling for solution in connexion with introduction of the Common Form of Agreement enabled a set of regulations regulating Friendly Society Contract Practice to be framed, which were adopted by the Branch on November 27, 1914. These regulations have facilitated the administrative work of the Council.

It was indicated in the last annual report that the time was ripening when adjustments in colliery and other industrial centres, in respect of the conditions of contract practice prevailing there, would be called for. It would seem, however, that the absence on military service of so many members practising at these places has postponed consideration of the matter, with the result that the Council has not been approached.

The Australasian Medical Gazette and The Medical Journal of Australia.—Under date June 27, 1914, the last number of *The Australasian Medical Gazette* duly made its appearance, prior to its incorporation in *The Medical Journal of Australia.* It was No. 493 of the whole series, and No. 26 of Vol. XXXV. Of these four hundred and ninety three, the last one hundred and thirty three appeared as weekly issues during the last two and a half years; while the previous three hundred and sixty form an unbroken series, filling thirty yearly volumes of monthly numbers, commencing 1881.

Since the absorption of the *Gazette* in the *Medical Journal of Australia,* Dr. G. E. Rennie and Dr. W. H. Crago, to whom the Branch owes so much for their untiring services as Editor and Manager respectively of the *Gazette,* have been giving the benefit of their experience to the new federal journal, *The Medical Journal of Australia,* as representatives, with Dr. R. H. Todd, of the N.S.W. Branch, in the Australasian Medical Publishing Company, Limited, Dr. Crago being also the Sydney Director of the Company. During Dr. Crago's absence, March to December, 1914, Dr. Rennie took his place as Director.

The first issue of *The Medical Journal of Australia,* which incorporates not only *The Australasian Medical Gazette,* but also *The Australian Medical Journal,* generously passed to the Company by the Victorian Branch, was published under date July 4, 1914, as the official organ of the Branches of the British Medical Association in Australia, under the that every member will make it his personal concern to do all that he can at all times to assist the Company in making its paper fulfil all the requirements of a journal destined to take its place among the leading medical journals of the world.

Public Health.—As indicated in the public utterances of the N.S.W. Premier, the Hon. W. A. Holman, M.L.A., on the occasion of the meeting of the Australasian Medical Congress at Auckland, in February, 1914, an energetic public health policy has been developed in New South Wales during the past year; and, in accordance with the same spirit of activity, the Department of Health has been placed under a separate Minister of the Crown, in the person of the Hon. Frederick Flowers, M.L.C., to whose care public health matters have been entrusted since the present Government came into office.

Following the conversion, some two years ago, into State General Hospitals of three institutions, conducted previously as asylums for destitute persons, and the encouragement of Bush Nursing schemes, and of Tuberculin Dispensaries, the programme of the Government has recently been extended by the introduction of several special public services, including Baby Clinics and Baby Hospitals, Convalescent Homes, Venereal Clinics, further developments in Bush Nursing and Tuberculin Dispensaries, and schemes

for subsidising resident medical practitioners at remote places, and adding maternity wards to public hospitals in country places.

The Council has watched some of these developments with no little anxiety, as indicating a general tendency in the direction of using the public purse to divert medical attendance from the private practitioner to the Government servant. The Council holds that such a tendency is bad both for the public and the profession.

At an Extraordinary Meeting of the Branch held on January 29, 1915, very strong opposition was manifested by the members present to the action of the Minister of Public Health in seeking to extend the benefits of a State Public Venereal Clinic, instituted by him, to persons in a position to pay for their treatment at the hands of medical practitioners in private practice.

On February 15 of this year the Council accepted an invitation from the Minister of Public Health to confer with him in reference to the establishment at the Board of Health of the venereal clinic, of which all classes of patient were invited to take advantage, irrespective of their means. The President and other members pointed out to the Minister the futility of secrecy and concealment of identity aimed at in his scheme. It would seem that the Minister has since been inclined to modify his views in this respect.

In furtherance of the proposals of the Minister for preserving infant life, an Act of Parliament was passed, entitled "The Early Notification of Births Act, 1915," which imposes upon the medical man in attendance on the mother at the time of, or within six hours after, the birth, the duty of giving notice in writing to the Under Secretary of the Department of Public Health. The notification is required whether the child is born alive or not, provided the period of gestation has been longer than 28 weeks. The Act is in operation only in proclaimed municipalities and shires. Other enactments of interest to the medical profession are the gazetting (Government *Gazette*, March 17, 1915) of malaria as a notifiable disease under the Public Health Act, 1902, S. 28, and the amendment of the Public Health Act to make provision for the notification of tuberculosis in certain circumstances.

Australian Natives' Association.—The Australian Natives' Association of N.S.W., which has for many years been regarded as a society to which members should not give their services for contract attendance, approached the Council in May, 1914, with the object of ascertaining whether it would be relieved of its disabilities in this respect if it were agreeable to accept the Common Form of Agreement between Medical Officer and Friendly Society, and to alter its constitution in such a way as would be approved of by the Branch. A deputation from the Australian Natives' Association was received by the Council, and the Council, after giving full consideration to its proposals, submitted the question to an Extraordinary Meeting of the Association, held on January 29, 1915, when it was decided not to accede to the proposals.

Federal Committee of the British Medical Association in Australia.—The Hon. Secretary of the Federal Committee of the B.M.A. in Australia, Dr. G. H. Abbott, has advised that the Draft Constitution of the Federal Committee, as approved by the Branch at its Annual Meeting in 1913, has been accepted by the British Medical Association, and passed as the Constitution of the Federal Committee. The Council expresses the hope that now that the Constitution of the Federal Committee has been definitely determined and the extent and limits of its powers and duties clearly defined, the Committee will enter upon an uninterrupted career of usefulness for the profession in Australia.

The War.—Since the commencement of the state of war, a large number of members have been accepted for Military Medical Service, and have either proceeded to Europe or elsewhere, so as to be available for use with the sick and wounded, or have been devoting much time to military duty locally.

It is perhaps unavoidable that this uprooting of members from their civil practices and the other distractions of the war should result in an apparent diminution of interest in the work of the Branch, and perhaps also in a temporary loss of members.

In order to protect the local interests of members on service, the following resolution was passed at a General Meeting of the Branch on August 28, 1914:—

> "That, with a view to conserving the interests of those members of the Branch who undertake Naval or Military Service during the existing state of war, the rest of the members individually engage—in the event of being called upon to fill their positions or attend their patients—to restore the same to them upon their return to civil practice, so far as it may be in their power so to do."

The sympathy of all members of the Branch was extended to Dr. F. Antill Pockley, at the loss of his son, Brian Colden Antill Pockley, M.B., Univ. Sydney, 1914, who accompanied the Australian Expeditionary Force to New Guinea, and was killed in action while attending a wounded soldier. More recently, sad news has come to hand of other losses sustained by members. Dr. William Chisholm's son was killed in France early in the campaign, fighting with his regiment; while Lieutenant Noel Barrington (Royal Irish Rifles), only son of Dr. Fourness Barrington, was killed in action in France about March 10.

Annual Dinner.—Owing to the state of war, it was decided by the Council not to make any arrangements to hold the Annual (1914) Dinner. In lieu of subscribing for the dinner, an invitation was issued to members to subscribe to a fund for presentation to the N.S.W. Division of the Red Cross Society, which resulted in a sum of £58 18s. being made available for this purpose.

The report was adopted.

The Honorary Treasurer (Dr. W. H. Crago), in moving the reception and adoption of the treasurer's statement, pointed out the improved financial position of the Branch as compared with the previous year. In referring to the *Australasian Medical Gazette*, Dr. Crago stated that there was still a further amount of money owing which would come in in the course of time. He anticipated that the balance which would be handed over to the premises account when the affairs of the *Gazette* were finally wound up would be between £1,000 and £1,100 (see p. 320).

In regard to the building account, the net profit after deducting the usual expenses, upkeep, etc., and a sum of £112 written off for depreciation, amounted to £526 14s. 2d The position might therefore be regarded as very satisfactory.

He asked the members to allow him to convey to Mr. A. Borchard the thanks of the Branch for having kept the books during the time when he (Dr. Crago) was in Europe, without making any extra charge.

Dr. George Armstrong seconded the motion, which was carried.

Presidential Address.

Dr. David Thomas delivered the Presidential Address, which is printed in full on page 305 of this issue.

Dr. George Armstrong moved a hearty vote of thanks to Dr. Thomas for his excellent address. He pointed out that Dr. Thomas had had the interests of the profession as a whole, and of every member, at heart during his term of office. In his address he had touched on every point which had been before the Branch during the year. The members were under a debt of gratitude to Dr. Thomas for having put these matters so clearly and forcibly before them.

Dr. Sydney Jamieson seconded the motion. He said that he disagreed with the opening statement in Dr. Thomas's address that others could have filled his position more worthily, and could have presented a more valuable message before retiring. This was Dr. Thomas's characteristic modesty. The members had learned that Dr. Thomas had filled his position with distinction to himself and with distinction to the profession. He had steered the profession through a very strenuous and critical period with great skill and tact.

The motion was passed by acclamation, and Dr. Thomas thanked his audience for their kindly appreciation.

Members of Council.

The President declared the result of the election of President, Vice-President and Members of Council as follows:—

President: Dr. George Armstrong.
Vice-President: Dr. R. Gordon Craig.
Honorary Secretary: Dr. R. H. Todd.
Honorary Medical Secretary: Dr. G. H. Abbott.
Honorary Treasurer: Dr. W. H. Crago.

Members of Council: Drs. Fourness Barrington, G. B. Blackburn, E. H. Binney, A. J. Brady, J. A. Dick, Sinclair Gillies, Sydney Jamieson, T. W. Lipscomb, W. F. Litchfield, Sir Herbert Maitland, F. Antill Pockley, Clarence Read, F. P. Sandes, R. Scot Skirving, and D. Thomas.

Dr. Crago moved a vote of thanks to the following gentlemen, who acted as scrutineers: Drs. George Bell, Howard Bullock, Andrew Davidson, J. G. Edwards, E. W. Ferguson, F. W. Hall, A. J. Gibson, C. Norman Paul. At the same time, he asked the members to pass a vote of thanks to the two auditors, Drs. A. Maitland Gledden and F. W. Hall, and also to Mr. A. W. Green.

The various votes of thanks were passed, and the two auditors re-elected.

Representative to Representative Meeting.

Dr. Blackburn moved that Dr. David Thomas be elected Representative of the New South Wales Branch on the Representative Body of the Association for the coming year. Dr. Crago seconded the proposition, which was carried unanimously.

Receipts and Expenditure for the Year Ended December 31st, 1914.

Receipts.	£ s. d.	*Expenditure.*	£ s. d.
To Balance (December 31, 1913)	384 18 1	By *British Medical Journal*	922 12 9
1914.		„ *Australasian Medical Gazette*	344 3 10
„ Subscriptions Received £2673 19 9		„ *Medical Journal of Australia*	303 15 0
Less Amount Returned 6 6 6		„ Clerical and Office Expenses	507 2 6
	2667 13 3	„ Expenses in Connexion with Organization	279 9 7
„ Contributions Towards Cost of Introducing the Common Form of Agreement, and in Connexion with Organization	283 16 5	„ Postage and Duty Stamps	82 19 10
„ Interest Received	25 1 2	„ Printing	74 6 3
		„ Advertising £56 10 1	
		Less 0 7 0	
			56 3 1
		„ Rent 150 0 0	
		Less Sub-Lettings 72 6 6	
			77 13 6
		„ Federal Committee	22 10 0
		„ Exchange and Bank Charges £11 8 0	
		Less Discount, etc. 10 19 4	
			0 8 8
		„ Library	22 17 6
		„ Expenses, General Meetings	18 15 0
		„ Furniture and Fittings	36 3 10
		„ Telephone	6 15 8
		„ Sundries £53 7 10	
		Less 1 18 11	
			51 8 11
		„ Balance 550 17 7	
		„ Petty Cash 3 5 5	
			554 3 0
	£3361 8 11		£3361 8 11

A. MAITLAND GLEDDEN, FRED. W. HALL. } Auditors.

W. H. CRAGO, Hon. Treasurer.

THE AUSTRALASIAN MEDICAL GAZETTE.

Receipts and Expenditure for the Year 1914.

Jan. 1.	£ s. d.		£ s. d.
To Amount Forward	805 11 3	By Printing and Postage	826 3 3
„ Receipts	1497 5 2	„ Salaries	337 10 0
		„ Rent	75 0 0
		„ Special Correspondents	29 17 0
		„ Petty Cash	19 1 5
		„ Telephone	6 11 8
		„ Commission	6 0 0
		„ Cash Returned	3 1 9
		„ Exchange	1 13 4
		„ Balance	997 18 0
	£2302 16 5		£2302 16 5

A. MAITLAND GLEDDEN, FRED. W. HALL, } Auditors.

W. H. CRAGO, Hon. Treasurer.

Medical Benevolent Fund of New South Wales.

Sir Herbert Maitland moved the re-election of the old committee of the Medical Benevolent Fund of New South Wales: The members were: Trustees, Drs. Robert Faithfull and F. W. Hall; Honorary Secretary, Dr. Faithfull; Honorary Treasurer, Sir Herbert Maitland; Members of Committee, Dr. Thomas Fiaschi and Dr. Gill. He pointed out that while the financial condition of the fund was eminently satisfactory, there was need for a large reserve. The support given during the year had only reached £10, and he invited members not to forget their duty to their colleagues in distress. He would advise the fund to spare £100 out of the balance of £450 for the Belgian Doctors' Relief Fund which was being started by the Branch.

The following is the treasurers' statement of the financial position of the fund:—

The Treasurer in Account with the New South Wales Benevolent Fund.

Dr. 1915.	£	s.	d.	Cr. 1915.	£	s.	d.
Balance brought forward from 31st March, 1915	151	0	4	Money Disbursed to Deserving Cases, as Directed by Committee, from 31st March, 1911, to 12th March, 1915	130	0	6
Subscriptions from March, 1911, to March, 1915	144	15	10	Bank Fees	2	0	0
				Exchange	0	13	8
				Stamps and Printing	5	17	6
				Balance as per Pass Book £227 16 5			
				Less Cheque to Sir Herbert Maitland for cash paid by him 70 11 0			
					157	5	5
					£295	16	2
				At Deposit in Savings Bank of N.S.W., Barrack Street, as per Pass Book, *plus* interest to 30th June, 1914	293	9	5
				Balance at Credit Current Account, Commercial Banking Co. of Sydney, Bathurst Street Branch, as per Pass Book	157	5	5
	£295	16	2	Total Credit at this date	£450	14	10

A. GEO. CORBIN, H. L. MAITLAND, Hon. Treasurer.

Dr. Clarence Read moved that the annual meeting of the New South Wales Branch of the British Medical Association suggests to the favourable consideration of the Committee of the Medical Benevolent Fund of New South Wales that the sum of £100 be given to the New South Wales Branch Belgian Doctors' Relief Fund.

Dr. Gordon Craig seconded the motion, and pointed out that it was essential for members to recognize the fact that any contributions by the Benevolent Fund to the Belgian Fund would not relieve the doctors of their responsibilities at home.

Dr. David Thomas thereupon introduced the new President (Dr. George Armstrong), who, on assuming the chair, thanked the members for having elected him their President, and stated that his aim would be to increase the membership of the Branch to over 1,000 before the end of his term of office.

Naval and Military News.

The Committee of the Melbourne Hospital is looking after itself, and does not want the freshly qualified men who have taken honours degrees to go to the front. The Medical Students' Society have enquired whether young graduates appointed to the resident staff of the hospital would be allowed to appoint *locum tenentes* in the event that they should secure commissions in the R.A.M.C. or A.A.M.C. The question was also put whether service rendered abroad with the troops would be reckoned as service in the hospital in future applications for the position of senior resident medical officer. It was pointed out that men who had taken pass degrees should be induced to go to the front and those who had passed in the honours list should stay at home and serve their hospital by qualifying for the senior posts. The Medical Superintendent urged that the experience necesasry for these posts could not be obtained elsewhere than in the hospital, and consequently that the full time would have to be served in the hospital.

The Defence Department has declined the generous offer of the free use of a building in the grounds of the Austin Hospital, Heidelberg, Victoria, as a naval and military hospital. The building was formerly used as a Nurses' Home, but is now out of use. It contains room for 40 beds.

The following is a complete list of medical practitioners who have obtained commissions as lieutenants in the R.A.M.C., and who have left Australian by the vessels indicated:—

Dr. G. N. Lorimer (3) sailed on "Ballarat."
Dr. C. McShane (3) sailed on "Ballarat."
Dr. T. E. Ashley (2), medical officer, "Runic," for voyage only.
Dr. L. J. J. Nye (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. W. A. Edwards (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. O. Barton (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. G. D. K. Waldron (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. A. T. Roberts (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. J. W. Farrar (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. D. F. Finlay (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. M. E. Robinson (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. R. M. Clarke (3) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. H. N. M. Puckle (3) sailed on R.M.S. "Medina" on March 10, 1915 (Captain, A.A.M.C.).
Dr. J. I. M. Jamieson (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. W. E. Giblin (2) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. G. A. Birnie (3) sailed on R.M.S. "Medina" on March 10, 1915.
Dr. L. B. Daly (3) sailed on R.M.S. "Medina" on March 10, 1915 (Captain, A.A.M.C.).

Dr. F. E. Keane (3) sailed on R.M.S. "Medina" on March 10, 1915 (Captain, A.A.M.C.).
Dr. C. Stephen (3) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. H. C. Colville (3) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. A. Pryde (3) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. A. C. A. Jekyll (2) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. C. K. Cohen (2) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. E. P. Dark (2) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. C. F. Drew (4) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. K. G. Colquhoun (3) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. Lucas (5) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. Godby (5) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. Rogerson (5) sailed on R.M.S. "Orsova" on March 17, 1915 (Hon. Captain, A.A.M.C. Reserve).
Dr. Pigott (5) sailed on R.M.S. "Orsova" on March 17, 1915.
Dr. N. W. Broughton (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. C. M. Harris (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. C. O. Donovan (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. S. W. G. Ratcliff (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. A. W. Raymond (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. J. L. Digby (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. E. P. Blashki (2) sailed on R.M.S. "Mongolia" on March 23, 1915 (Captain, A.A.M.C.).
Dr. N. McA. Gregg (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. N. E. Packer (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. E. T. Pinhey (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. R. B. Carter (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. F. W. Stone (5) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. J. B. Dawson (4) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. J. J. O'Neill (3) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. C. Farran-Ridge (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. J. T. Anderson (2) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. B. W. Wibberley (4) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. H. J. Penny (4) sailed on R.M.S. "Mongolia" on March 23, 1915.
Dr. A. D. Forbes (2), medical officer, "Argyllshire," for voyage only.
Dr. M. J. Galagher (1), medical officer, "Star of England," for voyage only.

The following letter, from Dr. A. Aspinall, of Sydney, has been received by Dr. C. Corlette, who has handed it to *The Medical Journal of Australia* for publication. We wish to express our thanks to Dr. Corlette.

Mena Camp,
February 17, 1915.

Dear Dr. Corlette,—

I went around with Dr. Maddon at the Kasr-el-aini Hospital, Cairo, on Monday, and saw a number of the wounded Turkish soldiers. They were mainly Syrians, and, on admission, they were found to be well nourished and well clad. I thought that a brief account of some of the wounds might be of interest to you and the other surgeons at the Sydney. Nearly all the wounds were bullet wounds, and those of the men who had been brought to the hospital early, healed well; others who had been a few days getting there showed marked suppuration. It was remarkable in many cases what an extraordinary course the bullets took. One entered just above the bridge of the nose and came out between the shoulder blades, apparently having skirted round the head, and there were no signs of brain injury; another entered the right arm just below the attachment of the deltoid, and came out between the shoulder blades, causing paralysis of the deltoid. I think posture has a lot to do with the apparently extraordinary courses of the bullets. Uncomplicated bullet wounds showed small entrance wound and larger exit. In one case a bullet went clean through the tibia without fracturing it, just as if drilled: in other cases the bones, *e.g.*, humerus, were badly splintered. Many scalp wounds of a linear nature were found to have grooved the skull, and on trephining, considerable splintering of the inner table was found. The surgeons avoid interfering with the track of the bullet in ordinary cases as much as possible and use cyanide gauze and peroxide of hydrogen freely, which they call "oxygen water." Rapid gangrene, with gas formation, occurred early in some cases of compound fractures, with fatal result in at least one case. There were several cases of hæmothorax, which were relieved by tapping, and, where necessary, drainage; also some cases of hæmopneumothorax. There was one case with a bullet wound entering at the side of one eye and passing through the bridge of the nose and through the other eye; another case, the bullet went through the skull in the same direction, further back, getting the optic nerves—both cases quite blind. Wounds through the buttocks were common, apparently received whilst lying down firing. One went through from one side to the other, and a fæcal odour was noticed and the bowel (rectum) found to be torn on both sides. There was considerable pain, which was at once relieved by cutting the sphincter ani, and if there is any further trouble a colotomy is to be done. Another wound was through the right malar bone and the palate, and caused apparently œdema of the glottis, necessitating rapid tracheotomy. In another case, a bullet had burnt the skin along the vertebral spine for about 10 inches without doing any injury. Another bullet went straight through the head, above and behind the ears, with protrusion of brain tissue, but the man seems very well. Another wound through the sacrum, causing retention of urine and paraplegia. Several wounds through the wrist, apparently under the tendons, without injury to bone. They use Hodgen's splints, and also various splints of Robert Jones, the latter for getting extension in cases of fracture of the humerus, but it seemed to me that they would be of little use unless one had a mechanic to adapt the splint for each particular case, and then they would be excellent. Kasr-el-aini is a native hospital, and they have native students as dressers, who do 4½ years course, and some of them go home to get the F.R.C.S.

They had a very fine operating table. I think it was a Spara's table, from Berne. It had a base like a dentist's chair, and any position could be obtained without the slightest difficulty. It could be lowered by foot pressure and turned on its side for washing out a wound, etc., and would be most useful at the Sydney. I suppose, however, that Dr. Bowker would know of many of a similar nature after his travels. Dr. Maddon had a good idea for holding in a catheter in the penis. There was a circular band of steel, wtih a screw to catch it, to go round the penis after wrapping some gauze around, and then a piece projecting forward, with a clip and screw to hold the catheter. He has used it a great deal, as they have a good deal of catheter work. Sixty-six per cent. of the natives suffer from bilharzia, mainly of the bladder. He also showed us an enormous lithrotrite (the largest in the world!), and a pair of forceps for introducing drainage tubes. The blades are grooved, and hold a tube nicely, of all sizes, and the instrument is much better than using a pair

of Howard Kelly's, and the blades slide back from the tube, once it is introduced, very easily. They use paraffin paper instead of oiled silk, Billroth cloth, etc., for foments, wounds, etc. It is cheap, can be discarded after each dressing, and should be good for general hospitals, especially in the casualty room. I am enclosing a piece. It is put up in rolls about a foot broad. We have had seven cases of variola—2 fatal—and have found that many of the cases vaccinated in 1913 take well on re-vaccination. Our lot were out for bivouac for five days. It is much better in the F. Amb. than the Gen. Hosp., as the latter is much the same as civil life, but, of course, is much safer. We hope to move on soon, but know nothing, of course. Appendicitis is very uncommon amongst the natives. Myomata common amongst the women.

University Intelligence.

THE UNIVERSITY OF SYDNEY.

The final examination for the degree of medicine has resulted in the admission of the following to the profession:—C. G. Adam, C. H. Armitage, B.A., A. E. Aspinall, E. P. Barbour, E. P. Blashki, N. W. Broughton, K. S. M. Brown, B. M. Carruthers, C. C. Coghlan, F. C. Curtis-Elliott, A. M. Davidson, J. L. Digby, C. O. G. Donovan, Harriette M. Extom, C. Farran-Ridge, B.Sc., W. Fenwick, N. H. Franki, S. S. Gardiner, C. Gearin, N. M. Gregg, C. M. Harris, W. S. Hawthorne, G. M. Hay, C. R. R. Huxtable, E. Jeffrey, J. T. Jones, A. F. Kelly, Elaine M. Little, J. R. MacCulloch, R. B. Minnett, I. Morgan, A. W. G. Murray, H. M. North, R. E. Nowland, Olive K. O'Reilly, N. E. Packer, W. R. Page, A. Paul, B.A., B.Sc., T. K. Potts, R. K. Rae, S. A. Railton, S. W. G. Ratcliff, A. W. Raymond, R. W. Richards, H. A. Ridler, Amy C. Rivett, E. A. Sanbrook, R. J. Silberthan, A. L. Stafford, J. Stewart, C. Tanko, A. C. Thomas, R. B. Trindall, Dorothy M. Voss, B. G. Wade, H. A. C. Wall, W. F. S. Yeates, N. Zions.

Dr. I. Morgan gained the University Medal, and passed with high distinction in first class. The names of Drs. S. W. G. Ratcliff and N. M. Gregg are also in the first class list. In the second class, Dr. S. A. Railton has passed with distinction, and the names of Drs. W. R. Page, A. C. Thomas, H. M. North, E. Jeffrey, T. K. Potts, H. A. Ridler, C. C. Coghlan, R. J. Silverton, C. Farran-Ridge, B.Sc., A. W. Dean are included.

UNIVERSITY OF WESTERN AUSTRALIA.

Supplementary examinations have recently been held at the University of Western Australia, and the passed lists have been published early this month. Nineteen candidates have been successful in the various examinations in the Faculty of Arts and two in the Faculty of Science.

UNIVERSITY OF QUEENSLAND.

The session of the Queensland University opened on March 16, 1915. The number of students enrolled was 46 on the first day, but was augmented to 55 in the course of the week. Thirty of the 46 were holders of scholarships, and will receive their University education without the payment of fees. The total number of students in attendance is about 200.

Correspondence.

THE NEW SOUTH WALES MEDICAL UNION.

Sir,—I commend to the consideration of my fellow members the balance-sheet of the above society.

Legal expenses for the year, £11 0s. 6d; total expenditure for the year, £109 11s.; total income for the year £715 19s; total funds, £6,618 0s. 11d. The society has been in existence, I think, over 20 years, and the expenses have not equalled the income in any one year of the twenty. Under these circumstances, and with such a huge balance in hand, it is amazing that the committee do not propose to take any step to lighten the burden on members, many of whom find a difficulty, in these distressful times, in paying the numerous calls upon them.

Yours, etc.,
Sydney, March 22, 1915. RALPH WORRALL.

THE M.B. EXAMINATION AT THE SYDNEY UNIVERSITY.

Sir,—In the recent examination for the M.B., Sydney University, the paper on surgery consisted of four questions on the following subjects:—

Impacted gallstone,
Cerebellar abscess,
Papilloma of bladder,
Subphrenic abscess.

As in a practice extending over a quarter of a century there had been no experience of the second and third of the above diseases, and very limited of the fourth, one wondered how many of these diseases the students had had an opportunity of seeing during their curriculum.

On enquiry from the Royal Prince Alfred Hospital and Sydney Hospital, it was found that the number of cases during the past three years was:—

	R.P.A.H.	Sydney.
Cerebellar Abscess	2 ..	4*
Papilloma of Bladder	10 ..	5
Subphrenic Abscess..	8 ..	11

* Including cerebral abscess.

out of a total of some 40,000 cases admitted into the hospitals.

Consequently, it is probable that the majority of the students saw practically none of these diseases, so their experience of them was nil, and their knowledge purely academic.

The absurdity of such a paper as a text of knowledge of general surgery is so manifest that comment is needless.

The students seem to be over-burdened with lectures, and find cramming up their notes more profitable for the examinations than experience of cases.

Yours, etc.,
"G.P."

Personal.

Dr. N. M. Gregg, of the Sydney University, who has obtained a commission as lieutenant in the R.A.M.C., has left Sydney for Melbourne, on his way to England. He and Dr. E. P. Barbour were entertained by the members of the University Undergraduates' Association on March 18, 1915, at the University Union. Dr. A. E. Aspinall occupied the chair, and the members of the committee and their friends mustered "to commemorate their unique terms of service for the Association, and, generally, in the public life of the University." Dr. Barbour is about to leave Sydney for Toowoomba, where he will occupy the post of Resident Medical Officer.

It is announced that Dr. H. Harrison-Smith died on January 4, 1915. Dr. Harrison-Smith was qualified in 1847, and entered the navy in the following year, after having taken a degree at the St. Andrew's University. He retired from service in 1870, and subsequently practised in New Zealand until 1890. At first he was at Christchurch, and later at Auckland. In March, of 1890, he returned to England, and died at Ramsgate. His wife, four daughters and four sons survive him.

Dr. I. F. Coghlan has been appointed Medical Officer, Department of Instruction, New South Wales.

Dr. L. Watson Harvey has resumed practice at "Raffeen," Manly, New South Wales.

Dr. R. I. Furber has resumed practice at 6 Stanmore Road, Enmore.

Dr. B. Howel Morris, of St. Peters, Adelaide, has resigned his position as Government Medical Officer to the State Children's Department. He has held this position for 15 years. On March 17, 1915, a presentation was made to him by the officials of the Department.

Professor R. S. Wallace, of Melbourne University, has returned to Melbourne after a holiday in England. Professor Wallace occupies the chair of English.

Dr. S. Hopkins Thwaites and Dr. N. Hamilton Fairley, of Melbourne, have left for London.

Among the passengers who arrived by the *Orontes* on March 26, 1915, were: Dr. Rowe, Superintendent of the Dunwich Asylum, Queensland; Dr. Chas. Cormac, of Bowen, Queensland; and Drs. Talbot, Munro, and Bowman, of Sydney.

Dr. Leslie J. Thompson has obtained the fellowship of the Royal College of Surgeons of Edinburgh during a stay in Great Britain. He has now returned to New Zealand, and purposes practising in Auckland.

Dr. Paul G. Dane, of Ballarat, is leaving for the front with the 6th Field Ambulance, A.I.F., and during his absence, his practice will be conducted by Dr. Francis B. Crawford.

Dr. M. D. Nesbitt, of Swan Reach, South Australia, has taken over Dr. A. Pryde's practice at Renmark, while the latter is serving with the colours in Europe.

Probate has been granted in the estate of the late Dr. H. Russell Nolan, who died in February last. We are informed that he left £14,764 in real estate.

Medical Appointments.

Dr. J. F. Nelly has been appointed Officer of Health for Fitzroy City, Victoria, during the absence on leave of Dr. F. W. W. Morton.

Dr. A. Barrett has been appointed Officer of Health for Dunolly Borough, Victoria, in place of Dr. J. H. Wolfenden.

Dr. J. B. Donaldson has been appointed Officer of Health for Grenville Shire, Victoria, in place of Dr. A. B. Webb.

Dr. Wilton Rail has been appointed Officer of Health for Wycheproof Shire, Victoria, in place of Dr. C. A. Stewart.

Dr. M. D. Silberberg has been appointed by the Melbourne University Stewart Scholar in Medicine.

Dr. Baron Brooke has been appointed Medical Officer, Department of Public Instruction, New South Wales.

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page xv.

Medical Journal of Australia, Assistant (part-time).
Hobart General Hospital, Junior House Surgeon.
Stannary Hills Hospital, N.Q., Medical Officer.
Victorian Eye and Ear Hospital, Resident Surgeons.
Kalgoorlie-Port Augusta Railway, Medical Officer.
Launceston General Hospital, Assistant House Surgeon.
Royal North Shore Hospital of Sydney, Resident Medical Officer.
Royal Alexandra Hospital for Children, Camperdown, Honorary Relieving Ophthalmic Surgeon.

Diary for the Month.

Apr. 6.—N.S.W. Branch, B.M.A., Council.
Apr. 7.—Vict. Branch, B.M.A., Monthly.
Apr. 9.—S. Aust., B.M.A., Council.
Apr. 9.—N.S.W. Western Med. Association, at Mudgee.
Apr. 9.—N.S.W. Branch, B.M.A., Clinical Evening.
Apr. 13.—Tas. Branch, B.M.A., Monthly and Council.
Apr. 13.—N.S.W. Branch, B.M.A., Council.
Apr. 14.—Melbourne Pediatric Society.
Apr. 14.—Northern District Med. Assoc. (N.S.W.), Glen Innes.
Apr. 15.—Vict. Branch, B.M.A., Council.
Apr. 16.—E.S. Med. Assoc. (N.S.W.), General.
Apr. 17.—N. Suburbs Med. Assoc. (N.S.W.), Annual Meeting.
Apr. 20.—N.S.W. Branch, B.M.A., Executive and Finance Committee; Ethics Committee.
Apr. 21.—W. Aust. Branch, B.M.A., Monthly.
Apr. 21.—Vict. Branch, B.M.A., Clinical Meeting.
Apr. 21.—W. Suburbs Med. Assoc. (N.S.W.), Annual Meeting.
Apr. 23.—Q. Branch, B.M.A., Council.
Apr. 27.—Vict. Branch, B.M.A., Eye and Ear Section.
Apr. 27.—N.S.W. Branch Organization and Science Committee; Medical Politics Committee.
Apr. 28.—Vict. Branch, B.M.A., Council.
Apr. 29.—S. Aust. Branch, B.M.A., Monthly.
Apr. 30.—Melbourne Hospital Clinical Society.

Covers for binding the *Medical Journal of Australia* for 1914 can be obtained on application to the Manager, B.M.A. Building, 30-34 Elizabeth Street, Sydney. The price of a cloth cover is 2s. and of half leather 3s. 6d.

Important Notice.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
QUEENSLAND. (Hon. Sec. B.M.A. Building, Adelaide Street, Brisbane).	Brisbane United F.S. Institute. F.S. Lodges at Longreach. F.S. Lodges at Warwick.
WESTERN AUSTRALIA. (Hon. Sec. 230 St. George's Terrace, Perth).	Swan District Medical Officer. All Contract Practice Appointments in W.A
NEW SOUTH WALES. (Hon. Sec. 30-34 Elizabeth Street, Sydney).	Australian Natives Association. Balmain United F.S. Dispensary. Burwood District F.S. Institute. Canterbury District F.S. Dispensary. Goulburn F.S. Association. Leichhardt and Petersham Dispensary. M.U. Oddfellows Med. Inst., Elizabeth Street, Sydney. Marrickville United Friendly Societies' Dispensary. N.S.W. Ambulance Association and Transport Brigade. N. Sydney United F.S. People's Prudential Benefit Society. Phœnix Mutual Provident Society. F.S. Lodges at Braidwood. F.S. Lodges at Casino. F.S. Lodges at Lithgow. F.S. Lodges at Mudgee. F.S. Lodges at Orange. F.S. Lodges at Parramatta, Penrith, and Auburn. F.S. Lodges at Wellington. Killingworth Colliery, Newcastle. Seaham Colliery No. 1, Newcastle. Seaham Colliery No. 2, Newcastle. West Wallsend Colliery, Wallsend.
SOUTH AUSTRALIA. (Hon. Sec. 3 North Terrace, Adelaide).	The F.S. Medical Assoc. Incorp., Adelaide.

EDITORIAL NOTICES.

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to the "Medical Journal of Australia" alone, unless the contrary be stated.

All communications should be addressed to "The Editor," "Medical Journal of Australia," B.M.A. Building, 30-34 Elizabeth Street, Sydney, New South Wales.

The following periodicals are required by the Librarian of the New South Wales Branch of the British Medical Association to complete the series for binding. Members who have borrowed these journals are requested to return them as soon as possible.

Lancet, November 7, 1914.
Lancet, November 14, 1914.